	Plan Name, Type, Plan ID	Monthly Premium	LIS Monthly Premium	Optional Packages (Additional $/mo.)	Included Dental	Vision	Hearing	Alternative Care, OTC, Travel, etc.	Extra Benefits
1	**AARP Medicare Advantage Essentials from UHC OR-07 (HMO-POS[2]) H3805-048-0**	**$0**	**$0**	Platinum Dental Rider cost is $66/mo. PREV $0 co-pay; Comp 50% co-ins; $1500/yr max. Preventive frequency not stated.	No Included Dental	$0 exam/yr. $150 eyewear/2 yrs (1 pair glasses lenses+frames or contacts).	$0 exam/yr. Aids $700 allowance/yr, up to 2 aids/yr; prescription via UnitedHealthcare Hearing, 3-yr warranty.	Fitness Renew Active $0 (gym+network). OTC none. Telehealth: virtual medical visits $0.	Foot care $45, 6 visits/yr. Meals 28 post-discharge $0. Rewards up to $155/yr for wellness activities (per plan detail page).
2	**AARP Medicare Advantage Extras from UHC OR-6 (HMO-POS[2]) H3805-041-0**	**$0**	**$0**		$1,250/yr allowance, all covered dental. PREV $0 (freq not stated). COMP 50% coins. No annual deductible.	$0 exam/yr. Eyewear allowance not in SOB (member discount only).	$0 Medicare-covered exam; $0 routine exam. Hearing aids not in SOB (member discount only).	Fitness Renew Active $0. OTC $25/qtr. Telehealth: virtual medical visits $0.	Foot care $45, 6 visits/yr. Meals 28 post-discharge/SNF $0.
3	**AARP Medicare Advantage from UHC OR-0001 (PPO[1]) H2406-042-0**	**$94**	**$87.70**		PREV $0; COMP 50% coins. $1,000/yr allowance.	$0 exam/yr; $200 eyewear/2 yrs.	$0 exam/yr; $700 allowance, up to 2 aids/yr.	virtual visits $0; Renew Active $0; OTC none; (ER $130/visit).	Foot care 6/yr $45; Rewards up to $155/yr for wellness activities. Premium $94/mo.
4	**AARP Medicare Advantage from UHC OR-0002 (PPO[1]) H2406-070-0**	**$0**	**$0**	Platinum Dental Rider +$54/mo.	PREV $0. With rider: $1,500/yr; PREV $0; COMP 50% coins.	$0 exam/yr; eyewear discount at select retailers (no allowance).	$0 exam/yr (in-network); $700 allowance, up to 2 aids/yr.	virtual visits $0; OTC none; (ER $130/visit).	Foot care 6/yr $55; Rewards up to $155/yr for wellness activities. Premium $0/mo.
5	**Aetna Medicare Elite (HMO) H2056-003-0**	**$0**	**$0**		PREV $0 (Aetna Dental PPO network; OON not covered; freq per EOC). No COMP.	$0 routine exam/yr (EyeMed). $100/yr prescription eyewear allowance (EyeMed).	$0 exam/yr (NationsHearing). Aids: $500 allowance/ear/yr; max 2 aids/yr.	Fitness: SilverSneakers $0 (gym + online + 1 home kit/yr). OTC none. Worldwide ER/urgent $130, $250k max. For telehealth, See Aetnamedicare.com/telehealth. Travel: in-network cost shares while traveling in US (excl. CA), up to 12 mo.	24-hr nurse line $0.
6	**ATRIO Choice Rx (PPO[1]) H7006-018-0**	**$0**	**$0**		Medicare-covered $0. Additional PREV + COMP: $150/3 mo Flex Card (excl. cosmetic; no rollover; ~$600/yr if fully used). No coins split or annual max stated.	$0 routine exam, 1/yr (VSP). $150/yr combined eyewear allowance (contacts or frames+lenses).	$0 exam, 1/yr (TruHearing). Fitting/eval $0, unlimited/yr. Aids $699-$999 copay (all types); 2 aids/yr max.	Fitness $120/6 mo (gym + classes reimbursement; no rollover). **C/A/N** routine: $50/6 mo combined Flex Card. OTC $30/qtr Flex Card (no rollover). Worldwide emergency $300 copay. Telehealth not stated.	Meals $0: up to 2/day x 14 days (28/episode) post inpatient/SNF. medical alert $0 wearable medical alert (LifeStation, incl. wristwatch).
7	**Devoted CORE 001 OR (HMO) H2923-001-0**	**$0**	**$0**		PREV 100% reimb; COMP 50% reimb; $1,750/yr shared allowance w/ **M**, **A**, **N**. Any licensed US provider (pay upfront, submit receipts; freq per EOC). No implants/cosmetic/ortho.	$0 routine exam, 1/yr. Eyewear up to $400/yr (glasses/contacts); designated vendor.	$0 exam 1/yr; $0 fitting/eval. Aids $399 or $699/aid (TruHearing Advanced/Premium), up to 2 aids; 60-day trial, 3-yr warranty, 80 batteries for non-rechargeable aids; pay $50 additional to get aid with rechargeable batteries.	Fitness: SilverSneakers $0 + Wellness Bucks $150/yr. **C** - routine $15 co-pay, 12/yr. **M/A/N** - routine 50% reimb under shared allowance. OTC $40/qtr. Worldwide ER $130/visit and other benefits ($25,000 lifetime max). Telehealth same as in-person.	Food & Home Card $30/mo (qualifying chronically ill).
8	**Devoted Giveback 028 OR (HMO) H2923-028-0**	**$0**	**$0**		$250/yr allowance toward PREV + COMP dental, **M**, **A**, **N** combined. Any licensed US provider (pay upfront, reimbursed; freq per EOC). No implants/cosmetic. PREV/COMP reimb split not stated in SOB.	$0 routine exam, 1/yr. Eyewear up to $200/yr; designated vendor.	$0 exam 1/yr; $0 fitting/eval. Aids $599 or $899/aid (TruHearing Advanced/Premium), up to 2 aids; 60-day trial, 3-yr warranty, 80 batteries for non-rechargeable aids; pay $50 additional to get aid with rechargeable batteries.	Fitness: SilverSneakers $0 + Wellness Bucks $150/yr. **M/A/N** - routine under shared $250 allowance. OTC none. Worldwide ER $115/visit and other benefits ($25,000 lifetime max). Telehealth same as in-person.	Part B buydown $154.20/mo. Can earn rewards of $50/yr and $20/yr if get PCP check-up and flu shot, respectively.
9	**Devoted Giveback Extras 025 OR (HMO) H2923-025-0**	**$0**	**$0**		PREV 100% reimb; COMP 50% reimb; $2,000/yr shared allowance w/ **M**, **A**, **N**. Any licensed US provider (pay upfront, reimbursed; freq per EOC). No implants/cosmetic.	$0 routine exam, 1/yr. Eyewear up to $400/yr; designated vendor.	$0 exam 1/yr; $0 fitting/eval. Aids $599 or $899/aid (TruHearing Advanced/Premium), up to 2 aids; 60-day trial, 3-yr warranty, 80 batteries for non-rechargeable aids; pay $50 additional to get aid with rechargeable batteries.	Fitness: SilverSneakers $0 + Wellness Bucks $150/yr. **M/A/N** - routine 50% reimb under shared $2,000 allowance. OTC $109/qtr. Worldwide ER $115/visitand other benefits ($25,000 lifetime max). Telehealth same as in-person.	Part B buydown $70/mo. Can earn rewards of $50/yr and $20/yr if get PCP check-up and flu shot, respectively.

	Plan Name, Type, Plan ID	Monthly Premium	LIS Monthly Premium	Optional Packages (Additional $/mo.)	Included Dental	Vision	Hearing	Alternative Care, OTC, Travel, etc.	Extra Benefits
10	**Devoted PREMIUM 005 OR (HMO) H2923-005-0**	**$43**	**$43**		PREV 100% reimb; COMP 50% reimb; $1,500/yr shared allowance w/ **M**, **A**, **N**. Any licensed US provider (pay upfront, reimbursed; freq per EOC). No implants/cosmetic.	$0 routine exam, 1/yr. Eyewear up to $400/yr; designated vendor.	$0 exam 1/yr; $0 fitting/eval. Aids $399 or $699/aid (TruHearing Advanced/Premium), up to 2 aids; 60-day trial, 3-yr warranty, 80 batteries for non-rechargeable aids; pay $50 additional to get aid with rechargeable batteries.	Fitness: SilverSneakers $0 + Wellness Bucks $150/yr. **C** - routine $15 co-pay, 12/yr. **M/A/N** - routine 50% reimb under shared $1,500 allowance. OTC $40/qtr. Worldwide ER $130/visit and other benefits ($25,000 lifetime max). Telehealth same as in-person.	
11	**Devoted CHOICE Premium 002 OR (PPO[1]) H7199-002-0**	**$28.50**	**$28.50**		PREV 100% reimb; COMP 50% reimb; $2,250/yr shared allowance w/ **M**, **A**, **N**. Any licensed US provider (pay upfront, reimbursed; freq per EOC). No implants/cosmetic.	$0 routine exam 1/yr, in- and out-of-network. Eyewear up to $200/yr, any provider.	INN: $0 exam 1/yr; $0 fitting/eval; aids $399 or $699/aid (TruHearing Advanced/Premium), up to 2 aids; 60-day trial, 3-yr warranty. OON: exam $35, fitting $35, aids 90% coins. 80 batteries for non-rechargeable aids; pay $50 additional to get aid with rechargeable batteries.	Fitness: SilverSneakers $0 + Wellness Bucks $150/yr. **C** - routine $15 co-pay, 12/yr. **M/A/N** - routine 50% reimb under shared $2,250 allowance. OTC none. Worldwide ER $130/visit and other benefits ($25,000 lifetime max).	
12	**Humana Total Complete (HMO) H1036-153**	**$0**	**$0**		PREV $0 co-pay (cleaning 2/yr; bitewing 1/yr; panoramic 1/5 yrs). COMP $0. $1,500/yr max PREV+COMP combined.	$0 exam/yr (Humana Medicare Insight Network). $50/yr eyewear; $100/yr at PLUS Provider. 1 pair/yr. No rollover.	$0 exam/fitting/yr; $0 follow-ups 3/yr. Rx aids $575 Level 1 / $750 Level 2 per aid, 1/ear/yr; 3-yr batteries + warranty.	Fitness $0 SilverSneakers. OTC none. Worldwide ER $115. Telehealth.	Well Dine meals 14 post-discharge, up to 4x/yr. Go365 Plus rewards for wellness activities (amount not stated).
13	**Humana Essentials Plus Giveback (HMO) H1036-323-0**	**$0**	**$0**	$50.90/mo MyOption dental (DEN972): replaces included dental; no deductible; $1500 max in or OON, details in EOC pgs 90-99.	PREV $0 (cleaning 2/yr; bitewing 1/yr; panoramic 1/5 yrs; perio maintenance 4/yr). No COMP. No annual max stated in SOB.	$0 exam/yr (Humana Medicare Insight Network). $150/yr eyewear; $250/yr at PLUS Provider. 1 pair/yr. No rollover.	$0 exam/fitting/yr; $0 follow-ups 3/yr. Rx aids $575/$750 per aid, 1/ear/yr; 3-yr batteries + warranty.	Fitness $0 SilverSneakers. OTC none. Worldwide ER $115. Telehealth.	Part B giveback up to $56/mo. Well Dine meals 14 post-discharge, up to 4x/yr. Go365 Plus rewards for wellness activities (amount not stated).
14	**Humana Value Choice (PPO[1]) H5216-428-2**	**$0**	**$0**	$50.90/mo MyOption dental (DEN972): replaces included dental; no deductible; $1500 max in or OON; details in EOC pgs 89-97.	PREV $0 in/out of network (cleaning 2/yr; bitewing 1/yr; panoramic 1/5 yrs; perio maintenance 4/yr). No COMP. No annual max stated.	$0 exam/yr (Humana Medicare Insight Network) (up to $75 combined max). $50/yr eyewear; $100/yr at PLUS Provider. No rollover.	$0 exam/fitting/yr; $0 follow-ups 3/yr. Rx aids $575/$750 per aid, 1/ear/yr; 3-yr batteries + warranty. OON: 95% coins.	Fitness $0 SilverSneakers. OTC none. Worldwide ER $130. Telehealth. Travel: national PPO network.	Go365 Plus rewards for wellness activities (amount not stated).
15	**Humana Choice (PPO[1]) H5216-048**	**$97**	**$82.60**	$52.10/mo MyOption dental (DEN972): replaces included dental; no deductible; $1500 max in or OON; details in EOC pgs 90-99.	PREV $0 in/out of network (cleaning 2/yr; bitewing 1/yr; panoramic 1/5 yrs; perio maintenance 4/yr). No COMP. No annual max stated.	$0 exam/yr (Humana Medicare Insight Network) (up to $75 combined max). $50/yr eyewear; $100/yr at PLUS Provider. No rollover.	$0 exam/fitting/yr; $0 follow-ups 3/yr. Rx aids $575/$750 per aid, 1/ear/yr; 3-yr batteries + warranty. OON: 95% coins.	Fitness $0 SilverSneakers. OTC none. Worldwide ER $130. Telehealth.	Well Dine meals after inpatient stay for congestive heart failure 2 meals/day for up to 30 days. Well Dine meals after other inpatient stay 2 meals/day for up to 7 days up to 4x/yr. Go365 Plus rewards for wellness activities (amount not stated).
16	**Kaiser Permanente Senior Advantage Enhanced (HMO-POS[2]) H9003-001-0**	**$134**	**$134**	Advantage Plus +$54/mo.	*With rider only: $1,500/yr max; $50/yr deductible COMP; $0 PREV; 50% coins COMP.*	$0 exam/yr. $150/2 yrs eyewear allowance. With rider: additional $175/2 yrs.	$0 exam/yr; fitting/eval $0. $500/ear/3 yrs (1 aid/ear).	**A/C/N** (not Medicare-covered): 18 visits/yr combined; $10/visit. Fitness One Pass $0. OTC none.	Worldwide ER $150/visit; worldwide urgent care $65/visit. Travel: Medicare Explorer POS $1,200/yr for out-of-network care in US outside service area. Home medical care (not Medicare-covered) $0 in treatment plan.
17	**Kaiser Permanente Senior Advantage Standard (HMO-POS[2]) H9003-006-0**	**$49**	**$49**	Advantage Plus +$54/mo.	*With rider only: $1,500/yr max; $50/yr deductible COMP; $0 PREV; 50% coins COMP.*	$0 exam/yr. $100/2 yrs eyewear allowance. With rider: additional $175/2 yrs eyewear allowance.	$0 exam/yr. With rider: fitting/eval $0; $500/ear/3 yrs.	**A/C/N** (not Medicare-covered): 18 visits/yr combined; $15/visit. Fitness One Pass $0. OTC none.	Worldwide ER $130/visit; worldwide urgent care $50/visit. Travel: Medicare Explorer POS $1,200/yr for out-of-network care in US outside service area. Home medical care (not Medicare-covered) $0 in treatment plan.
18	**Kaiser Permanente Senior Advantage Value (HMO-POS[2]) H9003-009-0**	**$0**	**$0**	Advantage Plus +$54/mo.	*With rider only: $1,500/yr max; $50/yr deductible COMP; $0 PREV; 50% coins COMP.*	$15 exam/yr. With rider: $175/2 yrs eyewear allowance.	$0 exam/yr. With rider: fitting/eval $0; $500/ear/3 yrs.	**A/C/N** (not Medicare-covered): 18 visits/yr combined; $20/visit. Fitness One Pass $0. OTC none.	Worldwide ER $130/visit; worldwide urgent care $50/visit. Travel: Medicare Explorer POS $1,200/yr for out-of-network care in US outside service area. Home medical care (not Medicare-covered) $0 in treatment plan.

	Plan Name, Type, Plan ID	Monthly Premium	LIS Monthly Premium	Optional Packages (Additional $/mo.)	Included Dental	Vision	Hearing	Alternative Care, OTC, Travel, etc.	Extra Benefits
19	**Regence MedAdvantage + Rx Classic (PPO[1]) H3817-008-1**	**$130**	**$123.70**		PREV $0 co-pay in-network (50% coins OON): evals 2/yr; cleaning or perio maintenance 2/yr combined; bitewing 1/yr; full-mouth/pano 1/3 yrs; fluoride 1/yr. COMP 50% coins; $1,250/yr combined max.	$0 routine exam/yr (VSP). Std lenses $0 (single/lined bifocal/lined trifocal/lenticular). Frames or contacts $100/yr.	$0 exam/yr (TruHearing in-network; 80% coins OON). Aids $499/$699/$999 per aid; 1 per ear per calendar yr.	Fitness $0 (Silver&Fit). OTC none. Worldwide ER $130. Telehealth $0 virtual urgent care.	$0 for Nurse Advice Line; $0 routine foot care for diabetics 6x/yr.
20	**Regence MedAdvantage + Rx Enhanced (PPO[1]) H3817-009-1**	**$244**	**$237.70**		PREV $0 co-pay in (50% coins OON): exams 2/yr; cleaning/perio maintenance 2/yr combined; bitewings 1/yr; FMX/pano 1/3 yrs; fluoride 1/yr. COMP 50% coins; $1,500/yr combined max.	$0 exam/yr (VSP). Std lenses $0. Frames or contacts $150/yr.	$0 exam/yr (TruHearing in; 80% coins OON). Aids $499/$699/$999 per aid; 1 per ear per calendar yr.	Fitness $0 (Silver&Fit). OTC none. Worldwide ER $130. Telehealth: virtual PCP $0; virtual specialist $25; virtual urgent care $0.	$0 for Nurse Advice Line; $0 routine foot care for diabetics 6x/yr.
21	**Regence MedAdvantage + Rx Primary (PPO[1]) H3817-011-1**	**$88**	**$81.70**		PREV $0 co-pay in (50% coins OON): exams 2/yr; cleaning/perio maintenance 2/yr combined; bitewings 1/yr; FMX/pano 1/3 yrs; fluoride 1/yr. COMP 50% coins; $1,000/yr combined max.	$0 exam/yr (VSP). Std lenses $0. Frames or contacts $100/yr.	$0 exam/yr (TruHearing in; 80% coins OON). Aids $499/$699/$999 per aid; 1 per ear per calendar yr.	Fitness $0 (Silver&Fit). OTC none. Worldwide ER $130. PCP by virtual or telehealth is $0 (50% co-ins for OON. Virtual urgent care is $0 in and OON.)	$0 for Nurse Advice Line; $0 routine foot care for diabetics 6x/yr.
22	**Wellcare Low Premium (HMO-POS[2]) H6815-038-0**	**$44.50**	**$44.50**		PREV $0: Exams, cleaning 2/yr; flouride 1/yr; X-rays 2/yr-1/3yrs. COMP $0: limited, no fillings, dentures, implants, endodontics, periodontics; See gowellcare.com/dental-bronze. No annual max. OON 25% coins. EOC pgs 60-63, 107.	$0 exam/yr. $100/yr combined eyewear allowance (contacts or glasses lenses/frames).	$0 exam/yr; fitting/eval 1/yr. Aids $0; $500/ear/yr allowance; 2 aids/yr max.	Fitness $0 (gym network + on-demand + Home Fitness Kit). **C** - $15, 24 routine visits/yr. **A** - routine $0, 24 visits/yr. OTC none. Worldwide ER/urgent $115, $50,000 max. Telehealth $0 (plan virtual providers).	My Wellcare Rewards up to $100/yr for wellness activities. Rewards only shown in SOB, not EOC. 24-hr nurse line $0. Social support platform $0.
23	**Wellcare Low Premium Open (PPO[1]) H5439-015-0**	**$29**	**$29**		PREV $0: Exams, cleaning 2/yr; flouride 1/yr; X-rays 2/yr-1/3yrs. COMP $0: limited, no fillings, dentures, implants, endodontics, periodontics; See gowellcare.com/dental-bronze. No annual max. OON 25% coins. EOC pgs 60-62, 122.	$0 exam/yr in-network (40% coins OON). NO routine eyewear allowance (Medicare-covered eyewear only).	$0 exam/yr in-network (40% coins OON). Fitting/eval $0, 1/yr. Aids $0 in-network; $350/ear/yr; 2 aids/yr max.	Fitness $0 (gyms, on-demand, Home Fitness Kit). OTC none. Worldwide ER/urgent $115, $50,000 max. Telehealth $0 (plan virtual providers).	My Wellcare Rewards up to $100/yr for wellness activities. Rewards only shown in SOB, not EOC. 24-hr nurse line $0. Social support platform $0.
24	**Wellcare Premium Enhanced Open (PPO[1]) H5439-019-0**	**$76.60**	**$76.60**		PREV $0: Exams, cleaning 2/yr; flouride 1/yr; X-rays 2/yr-1/3yrs. COMP $0: limited, no fillings, dentures, implants, endodontics, periodontics; See gowellcare.com/dental-bronze. No annual max. OON 25% coins. EOC pgs 61-63, 123.	$0 routine eye exam (refraction), 1/yr. Eyewear $0 copay + up to $100/yr combined allowance (contacts/glasses, lenses/frames).	$0 exam/yr; $0 fitting/eval/yr. Aids (all types) $0 copay + up to $350/ear/yr allowance; max 2 aids/yr.	Fitness $0 (gym network, on-demand, home kit). OTC none. Worldwide ER/urgent $130, $50,000 max. Telehealth $0 virtual visits 24/7.	My Wellcare Rewards up to $100/yr for wellness activities. Rewards only shown in SOB, not EOC. 24-hr nurse line $0. Social support platform $0.
25	**Wellcare Premium Ultra Open (PPO[1]) H5439-011-0**	**$206**	**$199.70**		PREV $0: Exams, cleaning 2/yr; flouride 1/yr; X-rays 2/yr-1/3yrs. COMP $0 copay with $1000 annual max. OON 50% coins. See gowellcare.com/dental-amber.	$0 routine eye exam (refraction)/yr (40% coins OON). Eyewear (contacts/glasses) $0 copay; combined allowance up to $200/yr.	$0 exam/yr (40% coins OON); $0 fitting/eval/yr. Aids (all types) $0 copay; up to $350/ear/yr; max 2 aids/yr.	Fitness $0 (gym network, on-demand, home kit). **C** - $15, 24 visits/yr. **A** - $0, 24 visits/yr. OTC none. Worldwide ER/urgent $130, $50,000 max. Telehealth $0 virtual visits 24/7.	My Wellcare Rewards up to $100/yr for wellness activities. Rewards only shown in SOB, not EOC. 24-hr nurse line $0. Social support platform $0.

Note: Dollar figures are copays unless otherwise indicated (coinsurance shown as % coins; allowances shown as $/period).
PREV = Preventive dental: two exams, cleanings, x-rays. **COMP** = Comprehensive dental: crowns, fillings, root canals, extractions, bridges, dentures. **OON** = out-of-network.
A = Acupuncture, **C** = Chiropractic, **N** = Naturopathy, **M** = Massage, **OTC** = Over the Counter
Plan Documents: **EOC** = Evidence of Coverage; **SOB** = Summary of Benefits
Unless otherwise noted, cost-sharing amounts are generally based upon services obtained through in-network providers. Out of Network shown as OON.
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.

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	Optional Packages (Additional $/mo.)	Included Dental	Vision	Hearing	Alternative Care, OTC, Travel, etc.	Extra Benefits
1	**AgeRight Advantage Premier Health Plan (HMO C-SNP) H1372-003-0**	**$69**	**$69**		PREV: exams 2/yr, cleanings 2/yr, fluoride 1/6 mo (x-ray limits apply). $1,000/yr allowance PREV+COMP combined (Liberty Dental).	$0 exam/yr. $330/yr eyewear allowance (lenses, frames, contacts, upgrades).	$0 exam/yr; fitting/eval $0, unlimited/yr. Aids: $1,600 allowance every 2 yrs, both ears combined (NationsHearing).	$65/mo Healthy Living Allowance (NationsBenefits card): OTC + personal hygiene + groceries* + fitness (*groceries/hygiene SSBCI, qualifying chronic conditions only).	Routine foot care $0, up to 6 visits/yr. Diabetic monitoring supplies $0; PT/OT/speech $0. **C**-SNP: qualifying chronic condition required (cardiovascular, CHF, diabetes).
2	**Devoted C-SNP Giveback Extras 019 OR (HMO C-SNP) H2923-019-0**	**$0**	**$0**		PREV 100% reimb; COMP 50% reimb; $2,000/yr shared allowance w/ **M**, **A**, **N**. Any licensed US provider (pay upfront, reimbursed; freq per EOC). No implants/cosmetic.	$0 routine exam, 1/yr. Eyewear up to $400/yr; designated vendor.	$0 exam 1/yr; $0 fitting/eval. Aids $599 or $899/aid (TruHearing Advanced/Premium), up to 2 aids; 60-day trial, 3-yr warranty and 80 non-rechargeable batteries; may also pay $50 extra for aid compatible with rechargeable batteries.	Fitness: SilverSneakers $0, + $150 in Wellness Bucks for various items. M/A/N - routine 50% reimb under shared $2,000 allowance. OTC $106/qtr. Worldwide ER $115/visit and other benefits ($25,000 lifetime max). Telehealth same as in-person.	Part B buydown $90/mo. Foot care routine $45, 4/yr.
3	**Devoted C-SNP Plus 009 OR (HMO C-SNP) H2923-009-0**	**$0**	**$0**		$0 for covered dental up to $3,000/yr for PREV and many COMP services; participating dentists only (freq limits apply). No implants/cosmetic.	$0 routine exam, 1/yr. Eyewear up to $300/yr; designated vendor.	$0 exam 1/yr; $0 fitting/eval. Aids $399 or $699/aid (TruHearing Advanced/Premium), up to 2 aids; 60-day trial, 3-yr warranty and 80 non-rechargeable batteries; may also pay $50 extra for aid compatible with	Fitness: SilverSneakers $0 , + $150 in Wellness Bucks for various items (also covers A, N, M). C - routine $0, 12/yr. OTC $50/qtr. Worldwide ER $115/visit and other benefits ($25,000 lifetime max). Telehealth same as in-person.	Food & Home Card $289/mo (qualifying chronically ill, SSBCI). Foot care routine $0, 4/yr.
4	**Humana Gold Plus-Diabetes and Heart (HMO C-SNP) H1036-306-0**	**$0**	**$0**		PREV $0 co-pay (cleaning 2/yr; bitewing 1/yr; panoramic 1/5 yrs). COMP 50% coins. $4,000/yr max.	$0 exam/yr. $150/yr eyewear; $250/yr at PLUS Provider. 1 pair/yr.	$0 exam/fitting/yr; $0 follow-ups 3/yr. Rx aids $575/$750 per aid, 1/ear/yr; 3-yr batteries + warranty.	**A** - $0, 25 visits/yr. OTC none. Travel: national HMO travel benefit.	SilverSneakers $0. Well Dine meals 2/day x 7 days post-discharge, up to 4x/yr. Go365 Advanced rewards for wellness activities. Smoking cessation. Routine foot care $15, unlimited visits.
5	**Humana Gold Plus-Diabetes and Heart (HMO C-SNP) H1036-317-0**	**$0**	**$0**		$0 co-pay all listed services (x-rays 2/yr; bitewing 1/yr; perio maintenance 4/yr; deep cleaning 1/quadrant/3 yrs). $1,000/yr max PREV+COMP combined.	$0 exam/yr. $150/yr eyewear; $250/yr at PLUS Provider. 1 pair/yr.	$0 exam/fitting/yr; $0 follow-ups 3/yr. Rx aids $0 Level 2 per aid, 1/ear/yr; 3-yr batteries + warranty.	$175/mo Healthy Options Allowance on prepaid card (OTC/health/wellness + groceries/utilities/rent for qualifying chronic conditions; rolls monthly, expires yr-end). **A** - $0, 25 visits/yr. **N** - $20, 25 visits/yr. Travel: national HMO travel benefit.	SilverSneakers $0. Well Dine meals 2/day x 7 days post-discharge, up to 4x/yr. Go365 Advanced rewards for wellness activities. Smoking cessation. Routine foot care 20% coins, 12 visits/yr.
6	**UHC Complete Care OR-5 (HMO-POS[2] C-SNP) H3805-040-0**	**$0**	**$0**	Platinum Dental Rider +$54/mo.	$0 PREV. With rider: $1,500/yr; $0 PREV; 50% coins COMP.	$0 exam/yr; eyewear discount (no allowance).	$0 exam/yr; hearing aid discount via UHC Hearing (no allowance).	virtual visits $0; OTC + healthy food credit $40/mo (qualifying members); ER $130/visit.	Foot care 6/yr $45; meals 28 post-discharge $0; Rewards up to $165/yr for wellness activities. Premium $0/mo.
7	**UHC Complete Care Support OR-1A (PPO[1] C-SNP) H2001-045-0**	**$0**	**$0**		$2,000/yr allowance; PREV $0; COMP $0.	$0 exam/yr; $0 std prescription lenses; $200 eyewear/yr.	$0 exam/yr; $2,200 allowance, up to 2 aids/2 yrs.	virtual visits $0; Renew Active $0; OTC + healthy food credit $196/mo (qualifying members).	Foot care 4 visits/yr $0 in-network; Rewards up to $165/yr for wellness activities. Premium $0/mo.

Plans without Part D (no drug coverage)

	Plan Name, Type, Plan ID	Monthly Premium	LIS Monthly Premium	Optional Packages (Additional $/mo.)	Dental	Vision	Hearing	Alternative Care, OTC, Travel, etc.	Extra Benefits
1	**AARP Medicare Advantage Patriot NoRx OR-MA01 (PPO[1]) H2406-073-0**	**$0**	**n/a**		PREV $0; COMP 50% coins. $4,000/yr allowance PREV+COMP. May go in or out-of-network, although no AARP cost contract with OON.	$0 exam/yr in-network ($80 OON). $250 eyewear/2 yrs (1 pair lenses/frames or contacts). Std lenses $0.	$0 exam/yr in-network ($80 OON). Aids $700 allowance, up to 2 aids/yr (UHC Hearing network).	Fitness Renew Active $0 (core + premium gyms). OTC $50/qtr credit. Travel: national network coverage while traveling. Telehealth virtual visits $0.	Part B giveback up to $170. Foot care 6 visits/yr $45 in-network. Rewards up to $150/yr for wellness activities. No Part D coverage.
2	**Aetna Medicare Eagle (HMO) H2056-018-0**	**$0**	**n/a**		Must use in-network Dentists. PREV $0 (do not count toward max; freq per EOC). COMP 50% coins; $1,500/yr max.	$0 routine exam/yr (EyeMed). $200/yr prescription eyewear allowance (EyeMed).	$0 exam/yr (NationsHearing). Aids: $1,000 allowance/ear/yr; max 2 aids/yr.	OTC $45/qtr (CVS wallet, Extra Benefits Card). Fitness: SilverSneakers $0 (gym + online + 1 kit/yr). Worldwide ER/urgent $130, $250k max. For telehealth, See Aetnamedicare.com/telehealth.	Part B premium reduction $50/mo. 24-hr nurse line $0. Resources For Living community referrals.
3	**Atrio Freedom (PPO[1]) H7006-021-0**	**$0**	**n/a**		Medicare-covered dental $0 in-network. Supplemental: $400/qtr Flex Card for additional PREV + COMP (excl. cosmetic); no rollover.	$0 routine exam/yr (VSP). $200/yr combined allowance (contacts or frames + lenses).	$0 exam/yr (TruHearing); $0 fitting-evals. Aids $699-$999 copay; max 2 aids/yr.	Fitness $100/qtr reimbursement (gym/classes). **C/A/N** combined $100/6-mo Flex Card. OTC $150/qtr Flex Card. Worldwide emergency $120 copay. No telehealth listed.	Meals: $0, up to 2/day x 14 days (28/episode) after inpatient/SNF. medical alert $0 wearable medical alert (LifeStation).
4	**Humana USAA Honor Giveback (PPO[1]) H5216-455-0**	**$0**	**n/a**		$0 co-pay all listed services (x-rays 2/yr; bitewing 1/yr; perio maintenance 4/yr). $2,500 /yr combined max.	$0 exam/yr ($75 combined max). $75/yr eyewear; $150/yr at PLUS Provider. 1 pair/yr.	$0 exam/fitting/yr; $0 follow-ups 3/yr. Rx aids $575/$750 per aid, 1/ear/yr; 3-yr batteries + warranty.	OTC none. Travel: national PPO network.	Part B giveback up to $43/mo. SilverSneakers $0. Well Dine meals after inpatient stay for congestive heart failure 2 meals/day for up to 30 days, up to 4x/yr. Well Dine meals after other inpatient stay 2 meals/day for up to 7 days. Go365 Plus rewards for wellness activities. No Part D coverage.
5	**Humana USAA Honor Giveback (PPO[1]) H5216-427-2**	**$0**	**n/a**		PREV $0 co-pay (cleaning 2/yr; bitewing 1/yr; panoramic 1/5 yrs; perio maintenance 4/yr). COMP 30% coins. $1,500/yr combined max.	$0 exam/yr ($75 combined max). $75/yr eyewear; $150/yr at PLUS Provider. 1 pair/yr.	$0 exam/fitting/yr; $0 follow-ups 3/yr. Rx aids $575/$750 per aid, 1/ear/yr; 3-yr batteries + warranty.	$50/qtr OTC allowance on prepaid card (approved OTC at participating retailers/mail order; rolls quarterly, expires yr-end). Travel: national PPO network.	Part B giveback up to $150/mo. SilverSneakers $0. Well Dine meals after inpatient stay for congestive heart failure 2 meals/day for up to 30 days, up to 4x/yr. Well Dine meals after other inpatient stay 2 meals/day for up to 7 days. Go365 Plus rewards for wellness activities. No Part D coverage.
6	**Regence Valiance (PPO[1]) H3817-010-0**	**$0**	**n/a**		PREV $0 co-pay in (50% coins out, Delta Dental): exams 2/yr; cleaning/perio maintenance 2/yr combined; bitewings 1/yr; FMX/pano 1/3 yrs; fluoride 1/yr. COMP 50% coins (in and out); $1,500/yr combined max (SOB; plan summary page showed $1,000 — verify in EOC).	$0 routine exam/yr (VSP); $0 diagnostic glaucoma exam. Std lenses $0. Frames or contacts $100/yr.	$0 exam/yr (TruHearing in; 80% coins OON). Aids $499/$699/$999 per aid; 1 per ear per calendar yr.	Fitness $0 (Silver&Fit). OTC none. Worldwide ER $130. Telehealth: virtual PCP $0; virtual specialist $35; virtual urgent care $0.	Foot care $0 diabetic routine, 6/yr. No Part D coverage.
7	**Wellcare Patriot Giveback Open (PPO[1]) H5439-010-0**	**$0**	**n/a**		PREV $0 co-pay in-network (50% coins OON; 2x/year). COMP $0 in-network (50% coins OON). Annual max $1,000/yr (routine comprehensive).	$0 exam (refraction)/yr (40% coins OON). $100/yr combined allowance (contacts+glasses).	$0 exam/yr; $0 fitting/eval/yr. Aids (all types) $0 copay + up to $350/ear/yr; max 2 aids/yr (40% coins OON).	Fitness $0 (gym network, on-demand, home kit). **C** - $15, 24 visits/yr. **A** - $0, 24 visits/yr. OTC $20/mo on Wellcare Spendables card (rolls monthly, expires yr-end; also usable dental/vision/hearing). Worldwide ER/urgent $130, $50,000 max. Telehealth $0 virtual visits 24/7.	Part B giveback $10/mo. My Wellcare Rewards up to $100 for wellness activities (to Spendables card). Rewards program only shown in SOB, not EOC. 24-hr nurse line $0.

Note: Dollar figures are copays unless otherwise indicated (coinsurance shown as % coins; allowances shown as $/period).

PREV = Preventive dental: two exams, cleanings, x-rays. **COMP** = Comprehensive dental: crowns, fillings, root canals, extractions, bridges, dentures. **OON** = out-of-network.

A = Acupuncture, **C** = Chiropractic, **N** = Naturopathy, **M** = Massage, **OTC** = Over the Counter.

Plan documents: **EOC** = Evidence of Coverage; **SOB** = Summary of Benefits

Unless otherwise noted, cost-sharing amounts are generally based upon services obtained through in-network providers. Out of Network shown as OON.

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.