

## 2021 Included and Optional Dental, Vision, Hearing, and Alternative Care Benefits

For Medicare Advantage plans available in Multnomah County (10/14/2020)

PLEASE NOTE: Some Medicare Advantage plans include additional benefits as part of the plan. Others make options available for an extra monthly fee. Information for each plan below was gathered from Medicare.gov and health plan websites. This list is intended to be a comparison tool. People who wish to enroll should rely on materials provided by the Plan or Medicare to get the most current and accurate information before they enroll.

**NOTE: Benefits may be limited to network providers.**

Plan Name, Contract & Plan ID, Type	Dental	Routine Vision	Routine Hearing	Alternative Care
AARP Medicare Advantage Choice H2228-029 (PPO)	\$0 copay preventive + opt: \$40/mo, Basic & Major, \$1500 max/yr	\$0 exam, eyewear \$150/2 yrs	exam \$0, hearing aid/ear/2yrs \$375-\$2,075 copay	\$10 copay for a, c, n; <b>a+c each 12 visits/yr</b> ; unlimited visits for n.
AARP Medicare Advantage Plan 1 H3805-001 (HMO)	\$0 copay preventive + opt: \$40/mo, Basic & Major, \$1500 max/yr	\$0 exam, eyewear \$100/2yrs	exam \$0, hearing aid/ear/2yrs \$375-\$2,075 copay	\$10 copay for a, c, n; <b>a+c each 12 visits/yr</b> ; unlimited visits for n.
AARP Medicare Advantage Plan 2 H3805-036 (HMO)	opt: \$45/mo, Comprehensive, \$1500 max/yr	\$0 exam, eyewear \$100/2yrs	exam \$0, hearing aid/ear/2yrs \$375-\$2,075 copay	NA
AARP Medicare Advantage Walgreens H2228-084 (PPO)	\$0 copay preventive + opt: \$40/mo, Basic & Major \$1500 max/yr	\$0 exam, eyewear \$150/2 yrs	exam \$0, hearing aid/ear/2yrs \$375-\$2,075 copay	NA
Aetna Medicare Choice Plan H9431-005 (PPO)	Exam \$0, \$500 max/yr	\$0 exam, eyewear \$125/yr	exam \$0, \$1,250/ear/yr hearing aids	n:\$20 copay, 12 visits/yr
Aetna Medicare Select Plan H9431-008 (PPO)	Exam \$0, \$750 max/yr	\$0 exam, eyewear \$150/yr	exam \$0, \$1,250/ear/yr hearing aids	n: \$10 copay, 12 visits/yr c: \$20 copay, 12 visits/yr
Aetna Medicare Value Plan H2056-004(HMO)	\$0 preventive + comprehensive \$1,200 max/yr	\$0 exam, eyewear \$300/yr	exam \$0, \$1,250/ear/yr hearing aids	n: \$20 copay, 12 visits/yr; c: \$20 copay, 12 visits/yr
Aetna Medicare Elite Plan H2056-003(HMO)	\$0 preventive + comprehensive \$2,000 max/yr	\$0 exam, eyewear \$300/yr	exam \$0, \$0-2,000/ear/yr hearing aids	n: \$10 copay, 12 visits/yr; c: \$20 copay, 12 visits/yr
Health Net Medicare Complement H6815-037 (HMO)	\$0 copay preventive	\$10 exam, Eyewear \$250/2 yrs	exam \$0, hearing aid pair/2yrs, \$0-\$1,580 copay each	a,c,n: \$20 copay, combined 24/yr
Health Net Ruby H6815-038 (HMO)	\$0 copay preventive	\$10 exam, Eyewear \$250/2 yrs	exam \$0, hearing aid pair/2yrs, \$0-\$1,580 copay each	NA
Health Net Violet 1 H5439-011 (PPO)	\$0 copay preventive; 50% comprehensive to \$2,000 max/yr	\$10 exam, Eyewear \$250/2 yrs	NA	a,c,n: \$15 copay, combined 24/yr
Health Net Violet 2 H5439-0014 (PPO)	\$0 copay preventive; 50% comprehensive to \$2,000 max/yr	\$10 exam, Eyewear \$250/2 yrs	NA	a,c,n: \$15 copay, combined 24/yr
Health Net Violet 3 H5439-015 (PPO)	NA	\$10 exam, Eyewear \$250/2 yrs	exam \$0, hearing aid pair/2yrs, \$0-\$1,580 copay each	NA
HumanaChoice H5216-048 (PPO)	\$0 copay preventive + basic \$1,000 max/yr + opt: Comprehensive \$73.60/mo, \$2,000 max/yr (see limits)	\$0 exam, eyewear \$100/yr	NA	NA
Humana Choice H5216-247 (PPO) new	\$0 copay preventive + basic \$1,000 max/yr	\$0 exam, eyewear \$200/yr	NA	c: \$20 copay 12visits/yr
Humana Gold Plus H1036-153 (HMO)	\$0 copay preventive + basic (in-network only), \$1,000 max/yr (see limits)	\$0 exam, eyewear \$100/yr (in-network only)	\$0 exam, Hearing aids copay \$499-\$799/yr/ear	\$0 acupuncture, 25 visits/yr
Kaiser Permanente Senior Advantage Value H9003-009 (HMO)	opt DVH: \$44/mo, \$0 preventive, \$50 ded comprehensive, \$1,250 max/yr	\$45 exam + opt DVH: \$44/mo, eyewear \$175/2yrs	\$45 exam + opt DVH: \$44/mo, \$500 max/aid/ear/ 3yrs	NA
Kaiser Permanente Senior Advantage Standard H9003-006 (HMO)	opt DVH: \$44/mo, \$0 preventive, \$50 ded comprehensive, Max \$1,250/yr	\$35 exam + opt DVH: \$44/mo, eyewear \$175/2yrs	\$35 exam + opt DVH: \$44/mo, \$500 max/aid/ear/ 3yrs	NA
Kaiser Permanente Senior Advantage Enhanced H9003-001 (HMO)	opt DVH: \$44/mo, \$0 preventive, \$50 ded comprehensive, \$1,250 max/yr	\$25 exam + opt DVH: \$44/mo, eyewear \$175/2yrs	\$25 exam + opt DVH: \$44/mo, \$500 max/aid/ear/ 3yrs	NA
Moda Health Metro PPORX H3813-013 (PPO)	\$0 copay preventive (in-network) + comprehensive \$500 max/yr; (preventive & comprehensive combined out-of-network)	\$0 exam, \$100 eyewear/2yrs (in-network only)	exam \$0, hearing aids copay \$699 or \$999/ear/yr	Opt: a,c,n: \$5/mo 50%, \$500/yr combined
Moda Health PPORX Enhanced H3813-009 (PPO)	\$0 copay preventive (in-network) + comprehensive \$500 max/yr; (preventive & comprehensive combined out-of-network)	\$0 exam, \$100 eyewear/2yrs (in-network only)	exam \$0, hearing aids copay \$699 or \$999/ear/yr	Opt: a,c,n: \$5/mo 50%, \$500/yr combined

Plan Name, Contract & Plan ID, Type	Dental	Routine Vision	Routine Hearing	Alternative Care
PacificSource Medicare MyCare Rx 39 H3864-039 (HMO)	2 opt: \$29/mo preventive; \$50/mo comprehensive \$100 ded, \$1,000 max/yr	\$25 exam, eyewear \$200/2 yrs	exam \$0, hearing aids copay \$699 or \$999/ear/yr	a,c,n: \$25 copay, 12 combined visits/yr
PacificSource Medicare MyCare Rx 40 H3864-031 (HMO)	2 opt: \$20/mo preventive; \$50/mo comprehensive \$100 ded, \$1,000 max/yr	\$20 exam, eyewear \$200/2 yrs	exam \$0, hearing aids copay \$699 or \$999/ear/yr	a,c,n: \$25 copay, 12 combined visits/yr
Providence Medicare Choice + RX H9047-056 (HMO-POS)	2 opt: \$33.70/mo, \$50 Ded, \$1,000 max/yr; \$46.50/mo, \$50 Ded, max \$1,500/yr	\$0 exam, eyewear \$220/yr	exam \$0, hearing aids copay \$699 or \$999/ear/yr	NA
Providence Medicare Bridge 1 + RX H9047-059 (HMO-POS)	\$15 copay preventive (in-network only) + 2 opt: \$29.40/mo, \$50 Ded, \$1,000 max/yr; \$42.20/mo, \$50 Ded, \$1,500 max/yr	\$0 exam, eyewear \$150/yr	exam \$0, hearing aids copay \$399 or \$699/ear/yr	a,n: \$35 copay; c: \$20 copay; combined \$500/ye
Providence Medicare Extra + RX H9047-055 (HMO)	\$15 copay preventive (in-network only) + 2 opt: \$29.40/mo, \$50 Ded, \$1,000 max/yr; \$42.20/mo, \$50 Ded, \$1,500 max/yr	\$0 exam, eyewear \$215/yr	exam \$0, hearing aids copay \$499 or \$799/ear	NA
Providence Medicare Prime + RX H9047-037 (HMO)	\$15 copay preventive (in-network only) + 2 opt: \$29.40/mo, \$50 Ded, \$1,000 max/yr; \$42.20/mo, \$50 Ded, \$1,500 max/yr	\$0 exam, eyewear \$100/yr	exam \$0, hearing aids copay \$499 or \$799/ear/yr	a, n: \$40 copay; c: \$20 copay; combined \$500/yr
Regence BlueAdvantage HMO H6237-007 (HMO)	\$0 preventive (in-network only), opt: \$24/mo 50% comprehensive, \$1,000 max/yr	\$0 copay exam (in-network only), eyewear \$100/yr	exam \$0, hearing aids copay \$699 or \$999/ear/yr	a,c: \$20 copay, combined 18 visits/yr; n,tm: 6 visits/yr \$20 copay
Regence BlueAdvantage HMO Plus H6237-008 (HMO)	\$0 preventive + diagnostic (in-network only); opt: \$24/mo, 50% comprehensive, \$1,000 max/yr	\$0 copay exam (in-network only), eyewear \$100/yr	exam \$0, hearing aids copay \$699 or \$999/ear/yr	a,c: \$20 copay, combined 18 visits/yr; n,tm: 6 visits/yr \$20 copay
Regence MedAdvantage + Rx Classic H3817-008 (PPO)	\$0 preventive w/network providers; opt: \$24/mo, 50% comprehensive, \$1,000 max/yr	\$0 copay w/network providers, eyewear \$100/yr	exam \$45, hearing aids copay \$699 or \$999/ear/yr	a,c: \$20 copay, combined 18 visits/yr; n,tm: 6 visits/yr \$20 copay
Regence MedAdvantage + Rx Enhanced H3817-009 (PPO)	\$0 preventive + diagnostic w/network providers; opt: \$24/mo, 50% comprehensive, \$1,000 max/yr	\$0 copay w/network providers, eyewear \$150/yr	exam \$45, hearing aids copay \$599 or \$899/ear/yr	a,c: \$20 copay, combined 18 visits/yr; n,tm: 6 visits/yr \$20 copay
Regence MedAdvantage + Rx Primary H3817-011 (PPO)	\$0 preventive w/network providers; opt: \$24/mo, 50% comprehensive, \$1,000 max/yr	\$0 copay w/network providers, eyewear \$100/yr	exam \$45, hearing aids copay \$699 or \$999/ear/yr	a,c: \$20 copay, combined 18 visits/yr; n,tm: 6 visits/yr \$20 copay
UnitedHealthcare Medicare Advantage Assure H0271-022 (PPO)	\$0 copay preventive	\$0 exam, eyewear \$200/yr	exam \$0, hearing aids up to \$2,000/yr	c: \$20 copay, 20 visits/yr

### PLANS WITHOUT DRUG COVERAGE

AARP Medicare Advantage Patriot H2228-088 (PPO)	\$0 preventive	exam \$0, eyewear \$150/2years	exam \$0, hearing aid/2yrs, copay \$375-\$2,075/ear	NA
Health Net Aqua H5439-010 (PPO)	\$0 preventive + comprehensive; \$2,000 max/yr	\$10 exam, Eyewear \$250/2 yrs	exam \$0, hearing aid pair/2yrs, copay \$0-\$1,580/ear	a,c,n: \$15 copay, 24 combined visits/yr
Humana Honor) H5216-046 (PPO)	\$0 preventive + comprehensive, \$1,000 max/yr	\$0 exam, \$200 eyewear/yr	exam \$0, hearing aids copay \$399 or \$699/ear/yr	a: \$0 copay, 25 visits/yr
Moda Health H3813-001 (PPO)	\$0 copay preventive (in-network) + comprehensive \$500 max/yr; (preventive & comprehensive combined out-of-network)	\$0 exam, eyewear \$100/2yrs	exam \$0, hearing aids copay \$699 or \$999/ear/yr	Opt: a,c,n: \$5/mo 50%, \$500/yr max
Providence Medicare Select Medical H9047-0535 (HMO-POS)	2 opt: \$29.40/mo, \$50 Ded, \$1,000 max/yr. \$42.20/mo, \$50 Ded, \$1,500 max/yr.	\$0 exam, eyewear \$250/yr	exam \$0, hearing aids copay \$699 or \$999/ear/yr	a, c, n: \$20 copay, \$500/yr
Providence Medicare Focus Medical (HMO)	\$15 preventive; 2 opt: \$29.40/mo, \$50 Ded, \$1,000 max/yr; \$42.20/mo, \$50 Ded, \$1500 max/yr	\$0 exam, eyewear \$250/yr	exam \$0, hearing aids copay \$499 or \$799/ear/yr	a, c, n: \$20 copay, \$500/yr
Regence Valiance H6237-006 (HMO)	\$0 preventive + diagnostic; Opt: \$24/mo, 50% comprehensive, \$1,000 max/yr	\$0 exam, eyewear \$100/yr	exam \$0, hearing aids copay \$699 or \$999/ear/yr	a,c,n: \$20 copay, combined 18 visits/yr; tm: \$20 copay, 6 visits/yr
Regence Valiance H3817-010 (PPO)	\$0 preventive + diagnostic; Opt: \$24/mo, 50% comprehensive, \$1,000 max/yr	\$0 exam, eyewear \$100/yr	exam \$45, hearing aids copay \$699 or \$999/ear/yr	a,c,n: \$20 copay, combined 18 visit/yr; tm: \$20 copay, 6 visits/yr.
Lasso Healthcare Growth H1924-001 (MSA)	NA	NA	NA	NA
Lasso Healthcare Growth Plus H1924-004 (MSA)	NA	NA	NA	NA