

2021 Medicare Advantage Plans for Multnomah County Oregon (10/18/2020)

	Plan Name, Plan ID, Type	Monthly Premium	Premium with Full Extra Help	Maximum Out-Of-Pocket	Doctor Visit In/Out of Network	Specialist Visit In/Out of Network	Inpatient Hospital \$/Day	Out Patient Surgery Hospital/ASC	Out Patient Rehab OT, PT, ST	\$35 cap on insulin?	Diagnostic Tests/Out Patient Labs	X-Ray/Diag. Radiology (such as MRI)	Radiation Therapy	Part B Drugs	Annual Drug Deductible	Annual Medical Deductible	Extra Benefits
1	AARP Medicare Advantage Plan 1 (HMO) H3805-001-0	\$72	\$36	\$3,500	\$0	\$25	\$285 1-7	\$285	\$25	yes	\$30/\$0	\$15/\$0-\$110	\$60	20%	\$150 (not tiers 1&2)	\$0	V,H,D,Opt D, A,C,N,F
2	AARP Medicare Advantage Plan 2 (HMO) H3805-036-0	\$0	\$0	\$5,600	\$0	\$40	\$400 1-4	\$400	\$40	yes	\$30/\$0	\$15/\$0-\$110	\$60	20%	\$150 (not tiers 1&2)	\$0	V,H,Opt D,F
3	AARP Medicare Advantage Choice (PPO ¹) H2228-029-0	\$32	\$0	\$4,500 \$10,000	\$0/\$25	\$30/\$50	\$300 1-5	\$300	\$30	yes	\$30/\$0	\$15/\$0-\$110	\$60	20%	\$100 (not tiers 1&2)	\$0	V,H,D,Opt D,A,C,N,F
4	AARP Medicare Advantage Walgreens (PPO ¹) H2228-084-0	\$0	\$0	\$5,600 \$10,000	\$0/\$25	\$45/\$65	\$400 1-4	\$350	\$40	yes	\$30/\$0	\$15/\$0-\$110	\$60	20%	\$250 (not tiers 1&2)	\$0	V,H,D,Opt D,F
5	Aetna Medicare Elite Plan (HMO) H2056-003-0	\$0	\$0	\$6,900	\$0	\$25	\$295 1-4	\$200	\$10	no	\$0/\$0	\$0/\$125	20%	20%	\$0	\$1,000 certain services	V,H,D, A,C,N,F
6	Aetna Medicare Value Plan (HMO) H2056-004-0	\$0	\$0	\$7,000	\$0	\$35	\$390 1-4	\$275/\$200	\$15	no	\$10/\$0	\$0/\$195	20%	20%	\$0	\$0	V,H,D, A,C,N,F
7	Aetna Medicare Select Plan (PPO ¹) H9431-008-0	\$49	\$31.90	\$7,000 \$10,800	\$0/45%	\$30/45%	\$375 1-4	\$295/\$200	\$10	no	\$10/\$0	\$0/\$110	20%	20%	\$0	\$0	V,H,D, A,C,N,F
8	Aetna Medicare Choice Plan (PPO ¹) H9431-005-0	\$19	\$3.90	\$7,550 \$11,300	\$0/45%	\$45/45%	\$420 1-4	\$325/\$250	\$30	no	\$15/\$0	\$0/\$295	20%	20%	\$0	\$0	V,H,D, A,N,F
9	Health Net Medicare Complement (HMO) H6815-037-0	\$12	\$0	\$5,600	\$0	\$40	\$465/1-4	\$465/\$325	\$30	no	20%/\$0	\$20/20%	20%	20%	\$445 (not tiers 1&6)	\$0	V,H,D A,C,N,OTC,F
10	Health Net Ruby (HMO) H6815-038-0	\$0	\$0	\$6,800	\$0	\$45	\$465/1-4	\$465/\$325	\$30	no	20%/\$0	\$20/20%	20%	20%	\$125 (not tiers 1,2,6)	\$0	V,H,D, A,C,N,F
11	Health Net Violet 1 (PPO ¹) H5439-011-0	\$121	\$89.60	\$4,000	\$12/\$20	\$25/\$40	\$225/1-7	\$225/\$200	\$25	no	17%/\$12	\$12/17%	17%	17%	\$95 (not tiers 1,2,6)	\$145 certain services	V,H,D, A,C,N,F
12	Health Net Violet 2 (PPO ¹) H5439-018-0	\$29	\$7.10	\$6,900	\$15/\$30	\$30/\$50	\$375/1-4	\$325/\$275	\$30	no	18%/\$15	\$18/18%	18%	18%	\$150 (not tiers 1,2,6)	\$195 certain services	V,H,D, A,C,N,F
13	Health Net Violet 3 (PPO ¹) H5439-015-0	\$0	\$0	\$7,550	\$20/\$30	\$50/\$60	\$450/1-4	\$450/\$400	\$40	no	20%/\$15	\$18/20%	20%	20%	\$200 (not tiers 1,2,6)	\$200 certain services	V,H,F, \$29 Pt B rebate
14	Humana Gold Plus (HMO) H1036-153-0	\$0	\$0	\$5,700	\$0	\$35	\$390/1-5	\$350/\$200	\$40	yes	\$0-\$40/\$0	\$0-\$15/\$180-\$390	20%	20%	\$150 (not tiers 1&2)	\$0	V,H,D, A,C,N,F
15	HumanaChoice (PPO ¹) H5216-048	\$201	\$165	\$6,700 \$10,000	\$0/30%	\$30/30%	\$325/1-4	20%	\$30	no	\$0-\$30/\$0-\$40	\$0-\$15/\$180-\$325	\$30	20%	\$320 (not tier 1)	\$0	V,H,D,Opt D,F
16	HumanaChoice (PPO ¹) H5216-247	\$0	\$0	\$7,550 \$11,000	\$0/35%	\$25/35%	\$495/1-4	\$400/\$350	\$25	no	\$0-\$50/\$0-\$40	\$0-\$15/\$25-\$495	\$25 or 20%	20%	\$400 (not tiers 1&2)	\$0	D,F
17	Kaiser Permanente Senior Advantage Enhanced (HMO) H9003-001-0	\$127	\$91	\$3,000	\$5	\$25	\$200/1-6	\$125	\$25	no	\$10-\$25/\$0	\$10/\$10-\$100	\$25	\$0-15%	\$0	\$0	V, H, Opt V,H,D,F
18	Kaiser Permanente Senior Advantage Standard (HMO) H9003-006-0	\$44	\$8	\$4,900	\$5	\$35	\$265/1-6	\$210	\$35	no	\$10-\$35/\$0	\$10/\$10-\$150	\$35	\$0-15%	\$0	\$0	V, H, Opt V,H,D,F
19	Kaiser Permanente Senior Advantage Value (HMO) H9003-009-0	\$0	\$0	\$5,600	\$5	\$45	\$335/1-6	\$300	\$40	no	\$15-\$45/\$0	\$15/\$15-\$200	\$45	\$0-15%	\$0	\$0	V, H, Opt V,H,D,F
20	Moda Health Metro PPORX (PPO ¹) H3813-013-0	\$97	\$61	\$5,500 \$9,500	\$15/40%	\$30/40%	\$350/1-5	\$350	\$30	no	20%/\$15	\$15/20%	20%	20%	\$285 (not tiers 1,2,6)	\$0	V,H,D,F, Opt C,A,N
21	Moda Health PPORX Enhanced (PPO ¹) H3813-009-0	\$196	\$160	\$3,900	\$0/\$20	\$20/\$40	\$150/1-5	\$150	\$20	no	\$0/\$0	20%/\$0-20%	20%	20%	\$175 (not tiers 1,2,6)	\$0	V,H,D,F, Opt C,A, N
22	PacificSource Medicare MyCare Rx 3 (HMO) H3864-039-0	\$68	\$32	\$4,950	\$0	\$25	\$295/1-5	\$225	\$25	no	\$15-20%/\$15	\$15/\$225-\$310	20%	20%	\$0	\$0	V,H,Opt D, C,A,N,F,OTC
23	PacificSource Medicare MYCare Rx40 (HMO) H3864-040-0	\$0	\$0	\$4,950	\$0	\$35	\$370/1-5	\$225	\$30	no	20%/\$20	\$15/\$235-\$320	20%	20%	\$0	\$0	V,H,Opt D, C,A,N,F,OTC

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24	Providence Medicare Extra + Rx (HMO) H9047-055-1	\$173	\$137	\$3,400	\$0	\$20	\$250/1-5	\$150/\$100	\$20	yes	20%/\$0	\$0/15%	15%	20%	\$0	\$0	V,H,D, Opt D, F,OTC
25	Providence Medicare Prime + Rx (HMO) H9047-037-0	\$0	\$0	\$5,900	\$0	\$40	\$450/1-4	\$450/\$400	\$40	no	20%/\$0	\$15/20%	20%	20%	\$150 (not tiers 1&2)	\$0	V,H,D, Opt D A,C,N,F
26	Providence Medicare Bridge 1 + Rx (HMO-POS ¹) H9047-059-0	\$35	\$5.80	\$4,900 \$10,000	\$0/\$25	\$35/\$50	\$325/1-6	\$375/\$250	\$35	no	20%/\$0	\$10/20%	20%	20%	\$100 (not tiers 1&2)	\$0	V,H,D, Opt D,C,F
27	Providence Medicare Choice + Rx (HMO-POS ¹) H9047-056-1	\$92	\$56	\$4,500 \$10,000	\$15/\$25	\$30/\$50	\$300/1-6	\$250	\$30	no	20%/\$0	\$15/20%	20%	20%	\$240 (not tiers 1&2)	\$0	V,H, Opt D,F
28	Regence BlueAdvantage (HMO) H6237-007-1	\$0	\$0	\$5,500	\$0	\$40	\$430/1-4	\$350/\$275	\$35	no	\$0/\$0	\$0/20%	20%	20%	\$200 (not tiers 1&2)	\$0	V,H,D,Opt D, A,C,N,F,OTC,MT
29	Regence BlueAdvantage HMO Plus (HMO) H6237-008-1	\$42	\$25.10	\$4,900	\$0	\$35	\$375/1-4	\$300/\$275	\$35	no	\$5/\$0-\$5	\$5/20%	20%	20%	\$100 (not tiers 1&2)	\$0	V,H,D,Opt D,A,C,N,F,MT
30	Regence MedAdvantage + Rx Classic (PPO ¹) H3817-008-1	\$47	\$11	\$5,700 \$10,000	\$10/50%	\$40/50%	\$395/1-4	\$300/\$275	\$40	no	\$10/\$0-\$10	\$10/20%	20%	20%	\$150 (not tiers 1&2)	\$0	V,H,D,Opt D, A,C,N,F,MT
31	Regence MedAdvantage + Rx Enhanced (PPO ¹) H3817-009-1	\$174	\$138	\$5,000 \$8,300	\$0/50%	\$25/50%	\$315/1-5	\$275/\$225	\$25	no	\$0/\$0	\$0/20%	20%	20%	\$0	\$0	V,H,D,A,C,N,F,MT
32	Regence MedAdvantage + Rx Primary (PPO ¹) H3817-011-1	\$0	\$0	\$6,200 \$10,000	\$15/50%	\$45/50%	\$400/1-4	\$350/\$300	\$40	no	\$20/\$0-\$20	\$20/20%	20%	20%	\$250 (not tiers 1&2)	\$0	V,H,D,Opt D, A,C,N,F, OTC,MT
33	United Healthcare Medicare Advantage Assure (PPO) H0271-022-0	\$36	\$0	\$7,550 \$11,300	\$0/30%	\$0/30%	\$0-\$1,400	\$0-20%	\$0	no	\$0-20%/\$0	\$0-20%	0-20%	\$0-20%	\$445	\$198	V,H,D,C,F,OTC

Plans Without Drug Coverage

	Plan Name, Plan ID, Type	Monthly Premium	Premium with Full Extra Help	Maximum Out-Of-Pocket	Doctor Visit In/Out of Network	Specialist Visit In/Out of Network	Inpatient Hospital \$/Day	Out Patient Surgery Hospital/ASC	Out Patient Rehab OT, PT, ST	\$35 cap on insulin?	Diagnostic Tests/Out Patient Labs	X-Ray/Diag. Radiology (such as MRI)	Radiation Therapy	Part B Drugs	Annual Drug Deductible	Annual Medical Deductible	Extra Benefits
1	AARP Medicare Advantage Patriot (PPO ¹) H2228-088-0	\$0	n/a	\$5,600 \$10,000	\$0/\$25	\$45/\$65	\$400/1-4	\$350	\$40	n/a	\$30/\$0	\$15/\$110	\$60	20%	n/a	\$0	V,H,D,F, \$50 Pt B rebate
2	Health Net Aqua (PPO ¹) H5439-010-0	\$0	n/a	\$2,500 \$5,100	\$12/\$20	\$25/\$40	\$175 1-8	\$175/\$150	\$25	n/a	\$0-15%/\$0	\$12/15%	15%	15%	n/a	\$125 certain services	V,H,D,C,A,N,F
3	Humana Honor (PPO ¹) H5216-046-0	\$0	n/a	\$5,000 \$5,900	\$0/50%	\$35/50%	\$360 1-5	\$360/\$200	\$25 or 20%	n/a	\$0-\$50/\$0-\$15	\$0-\$15/\$180-\$360	20%	20%	n/a	\$0	V,H,D,A,F,OTC,\$10 Pt B rebate
4	Lasso Healthcare Growth (MSA) H1924-001-0	\$0	n/a	\$3,000	Medicare Allowed Charges											\$5,000	\$2,000 MSA
5	Lasso Healthcare Growth Plus (MSA) H1924-004-0	\$0	n/a	\$5,000	Medicare Allowed Charges											\$8,000	\$3,000 MSA
6	Moda Health (PPO ¹) H3813-001-0	\$18	n/a	\$3,500	\$15/\$15	\$35/\$35	\$250 1-5	\$200	\$35	n/a	20%/\$0	20%/20%	20%	20%	n/a	\$0	V,H,D,A,C,N
7	Providence Medicare Focus Medical (HMO) H9047-033-0	\$128	n/a	\$3,400	\$0	\$20	\$250 1-5	\$250/\$200	\$20	n/a	20%/\$0	\$0/15%	15%	20%	n/a	\$0	V,H,D,Opt D,A,C,N,OTC
8	Providence Medicare Select Medical (HMO-POS) H9047-035-0	\$51	n/a	\$4,500 \$10,000	\$15/\$25	\$30-\$50/ \$50	\$300 1-6	\$250	\$30	n/a	20%/\$0	\$15/20%	20%	20%	n/a	\$0	V,H,D,Opt D,A,C,N,OTC
9	Regence Valiance (HMO) H6237-006-0	\$0	n/a	\$4,900	\$0	\$35	\$375 1-4	\$300/\$275	\$35	n/a	\$5/\$0-\$5	\$5/20%	20%	20%	n/a	\$0	V,H,D, Opt D, A,C,N,MT,F,OTC
10	Regence Valiance (PPO ¹) H3817-010-0	\$0	n/a	\$5,000 \$10,000	\$0/50%	\$40/50%	\$390 1-4	\$275/\$225	\$35	n/a	\$5/\$0-\$5	\$0/20%	20%	20%	n/a	\$0	V,H,D, A,C,N,MT,F,OTC

*This sheet should ONLY be considered a comparison tool. It is taken from the Medicare Plan Finder and health plan websites. 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. PPO/POS 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.

Websites & non-member (enrollment) phone numbers • aarpmedicareplans.com 1-877-699-5710 • humana-medicare.com 1-800-833-2364 • modahealth.com 1-888-217-2375 • aetnamedicare.com 1-833-859-6031 • kp.org/medicare 1-877-408-3496 • healthplans.providence.org 1-800-457-6064 • healthnet.com 1-800-949-6192 • medicare.pacificsource.com 1-888-863-3637 • regence.com/medicare 1-888-369-3171 • lassohealthcare.com 1-866-766-2583

V=vision, H=hearing, D=dental, Opt=optional, A=acupuncture, C=chiropractor, F=fitness, M=message therapy, N=naturopath, OTC=over-the-counter