

2023 Medicare Advantage Plans for Multnomah County (updated 10-19-2022)

	2023 Plan Name, Plan ID, Type	Premium	Premium w/ Full Extra Help	Max Out-Of- Pocket In/Out of Network	Primary Care Visit In/Out of Network	Specialist 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	Theraputic Radiology	Chemo/Part B Drugs	Pharmacy Deductible	Medical Deductible	Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	OTC	Rebate	Opt. Packages
1	AARP Medicare Advantage Plan 1 (HMO-POS <sup>2</sup> ) H3805-001-0	\$61	\$23.40	\$3,500 TBD	\$0	\$25	\$285 1-7	\$285	\$20	\$30 \$0	\$15 \$0-\$110	\$60	0%-20%	\$0	\$0	●	●	●	●	●	●		●	●		
2	AARP Medicare Advantage Plan 2 (HMO-POS <sup>2</sup> ) H3805-036-0	\$0	\$0	\$4,500 TBD	\$0	\$35	\$400 1-4	\$325	\$20	\$30/\$0	\$15 \$0-75	\$60	0%-20%	\$0	\$0	●	●	●					●	●		
3	AARP Medicare Advantage Choice (PPO <sup>1</sup> ) H2228-029-0	\$32	\$0	\$4,500 \$8,500	\$0 \$25	\$30 \$50	\$300 1-5	\$300	\$20	\$30/\$0	\$15 \$0-\$80	\$60	0%-20%	\$0	\$0	●	●	●	●	●	●		●	●		
4	AARP Medicare Advantage Walgreens (PPO <sup>1</sup> ) H2228-084-0	\$0	\$0	\$5,600 \$8,500	\$0 \$25	\$45 \$65	\$400 1-4	\$350	\$20	\$30/\$0	\$15 \$0-\$65	\$60	0%-20%	\$0	\$0	●	●	●					●			●
5	Aetna Medicare Elite Plan (HMO-POS <sup>2</sup> ) H2056-003-0	\$0	\$0	\$5,200 TBD	\$0	\$30	\$390 1-5	\$290 \$190	\$20	\$0/\$0	\$0 \$225	20%	20%	\$0	\$1,000 some	●	●	●	●	●	●	●	●	●		
6	Aetna Medicare Value Plan (HMO-POS <sup>2</sup> ) H2056-004-0	\$0	\$0	\$6,100 TBD	\$0	\$40	\$400 1-5	\$375 \$295	\$30	\$0	\$0 \$295	20%	20%	\$0	\$0	●	●	●		●	●		●			
7	Aetna Medicare Choice Plan (PPO <sup>1</sup> ) H9431-005-0	\$24	\$7.70	\$5,600 \$8,950	\$0 45%	\$45 45%	\$400 1-5	\$400 \$325	\$30	\$0-\$15 \$0	\$0 \$350	20%	20%	\$0	\$0	●	●	●	●	●	●	●	●	●		
8	Cigna Preferred Medicare (HMO) H7389-002-0	\$0	\$0	\$4,900	\$0	\$20	\$350 1-5	\$0-\$350 \$0-\$295	\$20	\$0-\$35 \$0	\$15 \$0-\$195	20%	20%	\$0	\$0	●	●	●	●	●			●	●		
9	Cigna True Choice Savings Medicare (PPO <sup>1</sup> ) H7389-055-0	\$0	\$0	\$5,600 \$8,950	\$0	\$25	\$395 1-4	\$0-\$350 \$0-\$295	\$25	\$0-\$40 \$0	\$15 \$0-\$160	\$60	20%	\$0	\$0	●	●	●	●	●			●	●		
10	Devoted CORE Oregon (HMO) H2923-001-0	\$0	\$0	\$5,200	\$0	\$20	\$375 1-5	\$350 \$300	\$20	\$0-\$30 \$0	\$0-\$15 \$0-\$110	20%	0-20%	\$0	\$0	●	●	●	●	●	●	●	●	●		
11	Devoted CHOICE Oregon (PPO <sup>1</sup> ) H7199-001-0	\$0	\$0	\$5,900 \$8,950	\$0 \$20	\$30	\$375 1-4	\$350 \$300	\$30	\$0-\$30 \$0	\$0-\$15 \$0-\$110	20%	0-20%	\$225 not tiers 1,2	\$0	●	●	●	●	●	●	●	●	●		
12	Devoted CHOICE PLUS Oregon (PPO <sup>1</sup> ) H7199-002-0	\$36.20	\$0	\$5,400 \$8,950	\$0 \$20	\$20	\$300 1-5	\$250 \$200	\$20	\$0-\$30 \$0	\$0-\$15 \$0-\$110	20%	0-20%	\$150 not tiers 1,2	\$0	●	●	●	●	●	●	●	●	●		
13	Humana Gold Plus (HMO) H1036-153-0	\$0	\$0	\$5,200	\$0	\$20	\$390 1-4	\$350 \$200	\$40	\$0-\$40 \$0	\$0-\$15 \$180-\$390	20%	20%	\$0	\$0	●	●	●	●		●		●	●		
14	HumanaChoice (PPO <sup>1</sup> ) H5216-247-0	\$0	\$0	\$6,500 \$11,000	\$0/35%	\$15/35%	\$495 1-4	\$400 \$350	\$20	\$0-\$50 \$0-\$40	\$0-\$15/ \$180-\$495	\$25-20%	20%	\$175 not tiers 1,2	\$0	●	●	●		●			●	●		●
15	Humana Value Plus (PPO <sup>1</sup> ) H5216-294-0	\$38	\$0	\$8,300 \$11,300	\$0	\$50	\$650 1-3	20%	20%	\$0-\$50 or 20% \$0-20%	\$0-\$50 or 20% 20%	20%	\$0-20%	\$425	\$233	●	●	●					●	●		
16	Kaiser Permanente Senior Advantage Enhanced (HMO-POS <sup>2</sup> ) H9003-001-0	\$127	\$86	\$3,000 unlimited	\$0	\$20	\$200 1-6	\$125 \$125	\$20	\$10-\$25 \$0	\$10 \$100	\$20	\$0-15%	\$0	\$0	●	●	●	●	●	●		●			●
17	Kaiser Permanente Senior Advantage Standard (HMO-POS <sup>2</sup> ) H9003-006-0	\$42	\$0	\$4,900 unlimited	\$0	\$35	\$265 1-6	\$210 \$210	\$35	\$10-\$35 \$0	\$10 \$150	\$35	\$0-15%	\$0	\$0	●	●	●	●	●	●		●			●
18	Kaiser Permanente Senior Advantage Value (HMO-POS <sup>2</sup> ) H9003-009-0	\$0	\$0	\$5,300 unlimited	\$0	\$40	\$325 1-6	\$300 \$300	\$40	\$10-\$45 \$0	\$10 \$200	\$40	\$0-15%	\$0	\$0	●	●	●	●	●	●		●			●

PPO<sup>1</sup> 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.

## 2023 Medicare Advantage Plans for Multnomah County (updated 10-19-2022)

POS<sup>2</sup> 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.

	2023 Plan Name, Plan ID, Type	Premium	Premium w/ Full Extra Help	Maximum Out-Of- Pocket	Primary Care Visit In/Out of Network	Specialist 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	Theraputic Radiology	Chemo/Part B Drugs	Pharmacy Deductible	Medical Deductible	Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	OTC	Rebate	Opt. Packages
19	Moda Health Metro PPORX (PPO <sup>1</sup> ) H3813-013-0	\$88	\$47	\$5,090 \$8,500	\$0 40%	\$30 40%	\$325 1-6	\$325	\$30	20% \$5	\$10 20%	20%	20%	\$225 not tiers 1,2	\$0	•	•	•	•	•	•		•			
20	Moda Health + Fred Meyer PPORX (PPO <sup>1</sup> ) H3813-016-0	\$39	\$0	\$6,920 \$10,950	\$0 50%	\$40 50%	\$395 1-4	\$395	\$40	20% \$10	\$15 20%	20%	20%	\$285 not tiers 1,2		•	•	•	•	•	•		•			
21	PacificSource Medicare MyCare Rx40 (HMO) H3864-040-0	\$0	\$0	\$5,500	\$0	\$30	\$380 1-5	\$235	\$30	20% \$0-20%	\$15 \$235-\$320	20%	20%	\$0	\$0	•	•	•	•	•	•		•	•		•
22	PacificSource Medicare MyCare Choice Rx 34 (HMO-POS <sup>2</sup> ) H3864-034-0	\$0	\$0	\$5,700 unlimited	\$0/\$45	\$40/\$45	\$315 1-7	\$315	\$5	\$15 \$0-20%	\$15 \$225-\$310	20%	20%	\$0	\$0	•	•	•	•	•	•		•	•		•
23	Providence Medicare Extra + Rx (HMO) H9047-064-0	\$173	\$132	\$3,400	\$0	\$20	\$250 1-5	\$150 \$100	\$20	20% \$0	\$0 15%	15%	20%	\$0	\$0	•	•	•					•	•		•
24	Providence Medicare Prime + Rx (HMO) H9047-037-0	\$0	\$0	\$4,500	\$0	\$40	\$450 1-4	\$450 \$400	\$40	20% \$0	\$15 20%	20%	20%	\$150 some	\$0	•	•	•	•	•	•		•			•
25	Providence Medicare Bridge + Rx (HMO-POS <sup>2</sup> ) H9047-059-0	\$35	\$0	\$4,900 \$10,000	\$0 \$25	\$35-\$50 \$50	\$325 1-6	\$375 \$250	\$35	20% \$0	\$10 20%	20%	20%	\$0	\$0	•	•	•	•	•	•		•	•		•
26	Providence Medicare Choice + Rx (HMO-POS <sup>2</sup> ) H9047-065-0	\$89	\$48	\$4,500 \$10,000	\$15 \$25	\$30-\$50 \$50	\$300 1-6	\$250	\$30	20% \$0	\$15 20%	20%	20%	\$240 not tiers 1,2	\$0	•	•	•					•			•
27	Regence BlueAdvantage (HMO) H6237-007-1	\$0	\$0	\$5,500	\$0	\$35	\$395 1-5	\$350 \$250	\$30	\$0 \$5	\$0 \$300	20%	20%	\$200 not tiers 1,2	\$0	•	•	•	•	•	•		•	•		•
28	Regence BlueAdvantage HMO Plus (HMO) H6237-008-1	\$45	\$32.60	\$4,900	\$0	\$30	\$375 1-4	\$300 \$250	\$30	\$0 \$0-\$5	\$5 \$250	20%	20%	\$100 not tiers 1,2	\$0	•	•	•	•	•	•		•			•
29	Regence MedAdvantage + Rx Classic (PPO <sup>1</sup> ) H3817-008-1	\$47	\$16.40	\$5,700 \$8,950	\$5 30%	\$35 30%	\$395 1-4	\$35-\$350 \$35-\$300	\$30	\$10 \$0-\$10	\$10 \$0-\$250	20%	20%	\$150 not tiers 1,2	\$0	•	•	•	•	•	•		•	•		•
30	Regence MedAdvantage + Rx Enhanced (PPO <sup>1</sup> ) H3817-009-1	\$172	\$131	\$5,000 \$8,300	\$0 30%	\$25 30%	\$315 1-5	\$25-\$275 \$25-\$225	\$25	\$0 \$0	\$0 \$0-\$250	20%	20%	\$0	\$0	•	•	•	•	•	•		•			
31	Regence MedAdvantage + Rx Primary (PPO <sup>1</sup> ) H3817-011-1	\$0	\$0	\$6,200 \$10,000	\$0 30%	\$40 30%	\$395 1-5	\$40-\$350 \$40-\$300	\$35	\$20 \$0-\$20	\$20 \$0-\$300	20%	20%	\$250 not tiers 1,2	\$0	•	•	•	•	•	•		•	•		•
32	Wellcare Assist (HMO) H6815-037-0	\$14.90	\$0	\$5,600	\$0	\$40	\$465 1-4	\$400 \$250	\$30	\$0-20% \$0	\$0 \$0-\$375	20%	20%	\$400 not tier 1	\$0	•	•	•	•	•	•		•	•		
33	Wellcare No Premium (HMO) H6815-038-0	\$0	\$0	\$4,500	\$0	\$45	\$465 1-4	\$400 \$250	\$30	\$0-20% \$0	\$20 \$0-\$400	20%	20%	\$125 not tiers 1,2	\$0	•	•	•	•	•	•		•	•		
34	Wellcare Giveback Open (PPO <sup>1</sup> ) H5439-015-0	\$0	\$0	\$7,550 \$7,550	\$20 \$30	\$50 \$60	\$500 1-4	\$400 \$250	\$40	\$0-20% \$0	\$0 \$0-\$400	20%	20%	\$200 not tiers 1,2	\$250	•	•	•					•		•	
35	Wellcare Low Premium Open (PPO <sup>1</sup> ) H5439-018-0	\$30	\$11.40	\$6,900 \$6,900	\$15 \$30	\$30 \$50	\$425 1-4	\$375 \$250	\$30	\$0-20% \$0	\$0 \$0-\$375	20%	20%	\$150 not tiers 1,2	\$225	•	•	•	•	•	•		•	•		
36	Wellcare Premium Ultra Open (PPO <sup>1</sup> ) H5439-011-0	\$119	\$97.70	\$4,000 \$4,000	\$12 \$20	\$25 \$40	\$275 1-7	\$225 \$200	\$25	\$0-20% \$0	\$0 \$0-\$225	20%	20%	\$95 not tiers 1,2	\$175	•	•	•	•	•	•		•			
	Plan	Telephone Number		Web Address					Plan				Telephone Number		Web Address											
1	AARP United Healthcare	1-844-723-6473		AARPMedicarePlans.com				7	Lasso				1-833-925-2776		Lassohealthcare.com											
2	Aetna	1-833-859-6031		AetnaMedicare.com				8	Moda				1-855-718-1767		Modahealth.com/medicare											
3	Cigna	1-800-313-0973		CignaMedicare.com				9	PacificSource				1-888-530-1428		Medicare.PacificSource.com											
4	Devoted	1-800-385-0916		Devoted.com				10	Providence				1-800-457-6064		ProvidenceHealthAssurance.com											

## 2023 Medicare Advantage Plans for Multnomah County (updated 10-19-2022)

5	Humana	1-800-833-2364	Humana.com/medicare				11	Regence				1-888-369-3171		Regence.com/medicare																		
6	Kaiser	1-877-408-3496	kp.org				12	Wellcare				1-844-917-0175		Wellcare.com																		
	Plans Without Drug Coverage																															
	Plan Name, Plan ID, Type	Premium	Premium w/ Full Extra Help	Maximum Out-Of- Pocket	Primary Care Visit In/Out of Network	Specialist 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	Theraputic Radiology	Chemo/Part B Drugs	Pharmacy Deductible	Medical Deductible	Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	OTC	Rebate	Opt. Packages						
1	AARP Medicare Advantage Patriot (PPO <sup>1</sup> ) H2228-088-000	\$0	n/a	\$5,600 \$8,500	\$0 \$25	\$45 \$65	\$400/1-4	\$350 \$350	\$20	\$30/\$0	\$15 \$110	\$60	0%-20%	n/a	\$0	•	•	•					•	•	•							
2	Aetna Medicare Eagle Plan (PPO <sup>1</sup> ) H9431-015-0	\$0	n/a	\$5,600 \$8,950	\$0 50%	\$35 50%	\$430 1-5	\$400 \$295	\$20	\$0/\$0	\$0 \$350	20%	20%	n/a	\$0	•	•	•				•	•	•	•							
3	Humana Honor (PPO <sup>1</sup> ) H5216-301-1	\$0	n/a	\$5,000 \$5,900	\$0 50%	\$35 50%	\$360 1-5	\$360 \$200	\$25-20%	\$0-\$50/\$0-\$15	\$0-\$15 \$180-\$360	20%	20%	n/a	\$0	•	•	•	•				•	•	•							
4	Humana Honor (PPO <sup>1</sup> ) H5216-315-0	\$0	n/a	\$8,300 \$11,300	\$0 50%	\$50 50%	\$495 1-4	\$400 \$200	\$25-20%	\$0-\$50/\$0-\$15	\$0-\$15 \$180-\$360	20%	20%	n/a	\$0	•	•	•	•				•	•	•	•						
5	Lasso Healthcare Growth (MSA) H1924-001-0	\$0	n/a	\$3,000	Medicare Allowed Charges										\$5,000																	
6	Lasso Healthcare Growth Plus (MSA) H1924-004-0	\$0	n/a	\$5,000	Medicare Allowed Charges										\$8,000																	
7	Moda Health (PPO <sup>1</sup> ) H3813-001-0	\$0	n/a	\$4,500	\$0 \$20	\$35 \$35	\$325 1-5	\$225	\$35	20%/20%	20% 20%	20%	20%	n/a	\$0	•	•	•	•	•	•		•									
8	PacificSource Medicare MyCare Choice 30 (HMO-POS <sup>2</sup> ) H3864-030-0	\$0	n/a	\$3,950 unlimited	\$0 \$45	\$0 \$45	\$250 1-5	\$50	\$0	\$20/\$0-20%	\$15 \$190-\$310	20%	20%	n/a	\$0	•	•	•	•	•	•		•	•		•						
9	Providence Medicare Focus Medical (HMO) H9047-033-0	\$128	n/a	\$3,400	\$0	\$20	\$250 1-5	\$250 \$200	\$20	20%/\$0	\$0 15%	15%	20%	n/a	\$0	•	•	•	•	•	•		•	•		•						
10	Providence Medicare Reverence (HMO-POS <sup>2</sup> ) H9047-035-0	\$51	n/a	\$4,500 \$10,000	\$15 \$25	\$30-\$50 \$50	\$300 1-6	\$250	\$30	20%/\$0	\$15 20%	20%	20%	n/a	\$0	•	•	•	•	•	•		•	•		•						
11	Regence Valiance (HMO) H6237-006-0	\$0	n/a	\$4,900	\$0	\$35	\$375 1-4	\$35-\$300 \$35-\$275	\$35	\$5/\$0-\$5	\$5 \$0-\$300	20%	20%	n/a	\$0	•	•	•	•	•	•	•	•	•	•	•						
12	Regence Valiance (PPO <sup>1</sup> ) H3817-010-0	\$0	n/a	\$5,000 \$8,950	\$0 30%	\$40 30%	\$390 1-4	\$40-\$275 \$40-\$225	\$35	\$5/\$0-\$5	\$0 \$0-\$300	20%	20%	n/a	\$0	•	•	•	•	•	•	•	•	•	•							
13	Wellcare Patriot No Premium Open (PPO <sup>1</sup> ) H5439-010-0	\$0	n/a	\$2,500 \$5,100	\$12 \$20	\$25 \$40	\$200 1-8	\$225 \$150	\$25	\$0-20%/\$0	\$0 \$0-\$225	20%	20%	n/a	\$125 some	•	•	•	•	•	•		•									

PPO<sup>1</sup> 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.

**POS<sup>2</sup> 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.**