

2024 Medicare Advantage Plans for Multnomah County (updated Oct-16-2023)

	Plan Name, Type, Plan ID	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/B Red	Opt. Packages
1	AARP Medicare Advantage from UHC OR-0003 (HMO-POS ²) H3805-001-0	\$58	\$19.30	\$3,500	\$0	\$25	\$395 1-8	\$395 \$345	\$25	\$50/\$0	\$25 \$0-\$250	\$60	0%-20%	\$0	\$0	●	●	●	●	●	●	●	●	●		
2	AARP Medicare Advantage from UHC OR-0004 (HMO-POS ²) H3805-039-0	\$0	\$0	\$4,500	\$0	\$35	\$400 1-4	\$400 \$350	\$20	\$50/\$0	\$15 \$0-\$175	\$60	0%-20%	\$0	\$0	●	●	●					●	●		
3	AARP Medicare Advantage from UHC OR-0001 (PPO ¹) H2406-042-0	\$39	\$0	\$4,500 \$9,550	\$0 \$25	\$30 \$50	\$300 1-5	\$300 \$250	\$25	\$50/\$0	\$15 \$0-\$250	\$60	0%-20%	\$0	\$0	●	●	●	●	●	●		●	●		
4	AARP Medicare Advantage from UHC OR-0002 (PPO ¹) H2406-070-0	\$0	\$0	\$5,600 \$9,550	\$0 \$25	\$45 \$65	\$400 1-4	\$400 \$350	\$20	\$50/\$0	\$15 \$0-\$220	\$60	0%-20%	\$0	\$0	●	●	●					●			●
5	Aetna Medicare Elite Plan (HMO-POS ²) H2056-003-0	\$0	\$0	\$5,200	\$0	\$30	\$395 1-5	\$290 \$190	\$20	\$0/\$0	\$0 \$195	20%	0-20%	\$0	\$1,000 some	●	●	●	●	●	●	●	●	●		
6	Aetna Medicare Value Plan (HMO-POS ²) H2056-004-0	\$0	\$0	\$6,100	\$0	\$40	\$400 1-5	\$375 \$295	\$30	\$0/\$0	\$0 \$225	20%	0-20%	\$150 not tiers 1,2	\$0	●	●	●		●	●		●			
7	Aetna Medicare SmartFit Elite Plan (HMO-POS ²) H2056-010-0	\$0	\$0	\$5,200	\$0	\$40	\$400 1-5	\$325 \$250	\$20	\$0/\$0	\$0 \$225	20%	0-20%	\$0	\$500 some	●	●	●	●	●	●	●	●			
8	Aetna Medicare Value Plus Plan (HMO-POS ²) H2056-011-0	\$20.70	\$0	\$6,100	\$0	\$40	\$395 1-5	\$350 \$295	\$30	\$0/\$0	\$0 \$225	20%	0-20%	\$400 not tiers 1,2	\$0	●	●	●		●	●		●	●		
9	Aetna Medicare Choice Plan (PPO ¹) H9431-005-0	\$20	\$0	\$5,600 \$8,950	\$0 45%	\$45 45%	\$395 1-5	\$395 \$325	\$30	\$15 \$0	\$0 \$275	20%	0-20%	\$150 not tiers 1,2	\$0	●	●	●	●	●	●	●	●	●		
10	ATRIO Choice Rx (PPO ¹) H7006-018-0	\$0	\$0	\$3,600 \$3,600	\$0 \$50	\$25 \$25	\$375 1-4	\$350 \$250	\$0	\$0/\$0	\$0 \$0-\$300	20%	0-20%	\$0	\$0	●	●	●					●	●		
11	ATRIO Select Rx (PPO ¹) H7006-019-0	\$40.60	\$0	\$3,400 \$4,950	\$0 \$50	\$30 \$30	\$325 1-4	\$350 \$250	\$0	\$0-20% \$0	\$0 \$0-\$250	20%	0-20%	\$0	\$0	●	●	●					●	●		
12	ATRIO Prime Rx (PPO ¹) H7006-020-0	\$125	\$84.40	\$2,950 \$2,950	\$0 \$50	\$15 \$20	\$275 1	\$100 \$250	\$0	\$0/\$0	\$0 \$0-\$200	20%	0-20%	\$0	\$0	●	●	●					●	●		
13	Cigna Preferred Medicare (HMO) H7389-002-0	\$0	\$0	\$4,900	\$0	\$25	\$350 1-5	\$350 \$295	\$25	\$0-\$35 \$0	\$15 \$0-\$195	20%	0-20%	\$0	\$0	●	●	●	●				●	●		
14	Cigna True Choice Medicare (PPO ¹) H7849-055-0	\$0	\$0	\$5,600 \$8,950	\$0 \$0	\$25 \$25	\$395 1-4	\$0-\$350 \$0-\$295	\$25	\$0-\$40 \$0	\$15 \$0-\$160	20%	0-20%	\$0	\$0	●	●	●	●				●	●		
15	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	●	●	●	●	●	●	●	●	●		
16	Devoted CHOICE Oregon (PPO ¹) 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	●	●	●	●	●	●	●	●	●		
17	Devoted CHOICE PLUS Oregon (PPO ¹) H7199-002-0	\$12	\$0	\$5,400 \$8,950	\$0 \$10	\$20	\$300 1-5	\$250 \$200	\$20	\$0-\$30 \$0	\$0-\$15 \$0-\$110	20%	0-20%	\$150 not tiers 1,2	\$0	●	●	●	●	●	●	●	●	●		

PPO¹ 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-POS² 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.

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18	Humana Gold Plus (HMO) H1036-153-0	\$0	\$0	\$5,200	\$0	\$35	\$395 1-5	\$395 \$200	\$40	\$0-\$40 \$0-\$15	\$0-\$125 \$200-\$300	20%	0-20%	\$0	\$0	•	•	•	•	•	•	•	•	•	•	•
19	Humana Choice (PPO ¹) H5216-247-0	\$0	\$0	\$6,500 \$11,000	\$0 35%	\$30 35%	\$495 1-4	\$400 \$350	\$20	\$0-\$50 \$0-\$40	\$0-\$50 \$200-\$300	\$25-20%	0-20%	\$125 not tiers 1,2	\$0	•	•	•	•	•	•	•	•	•	•	•
20	Humana Value Plus (PPO ¹) H5216-294-0	\$36	\$0	\$8,850 \$13,300	\$0	\$50	\$650 1-3	0-\$50 or 20% 20%	20%	\$0-\$50 or 20% \$0-20%	\$0-\$50 or 20% \$200-\$300	20%	0-20%	\$545	\$226	•	•	•	•	•	•	•	•	•	•	•
21	Kaiser Permanente Senior Advantage Enhanced (HMO-POS ²) H9003-001-0	\$131	\$90.40	\$3,000	\$0	\$20	\$270 1-6	\$0-\$125 \$125	\$20	\$10-\$25 \$0	\$10 \$10-\$165	\$20	\$10-\$45 or 0% to 20%	\$0	\$0	•	•	•	•	•	•	•	•	•	•	•
22	Kaiser Permanente Senior Advantage Standard (HMO-POS ²) H9003-006-0	\$46	\$5.40	\$4,650	\$0	\$35	\$320 1-6	\$0-\$210 \$210	\$35	\$10-\$35 \$0	\$10 \$10-\$190	\$35	\$10-\$45 or 0% to 20%	\$0	\$0	•	•	•	•	•	•	•	•	•	•	•
23	Kaiser Permanente Senior Advantage Value (HMO-POS ²) H9003-009-0	\$0	\$0	\$5,000	\$0	\$35	\$320 1-6	\$0-\$210 \$210	\$40	\$10-\$45 \$0	\$10 \$10-\$190	\$40	\$10-\$45 or 0% to 20%	\$0	\$0	•	•	•	•	•	•	•	•	•	•	•
24	Moda Health Metro PPORX (PPO ¹) H3813-013-0	\$86	\$45.40	\$5,090 \$8,500	\$0 30%	\$30 30%	\$325 1-6	\$325	\$30	20% \$5	\$10 20%	20%	0-20%	\$150 not tiers 1,2&7	\$0	•	•	•	•	•	•	•	•	•	•	•
25	Moda Health + Fred Meyer PPORX (PPO ¹) H3813-016-0	\$39	\$0	\$6,750 \$10,950	\$0 40%	\$40 40%	\$395 1-4	\$395	\$40	20% \$0	\$15 20%	20%	0-20%	\$200 not tiers 1,2&7	\$0	•	•	•	•	•	•	•	•	•	•	•
26	Moda Health Elements PPORX (PPO ¹) H3813-019-0	\$0	\$0	\$5,465 \$9,550	\$0 50%	\$35 50%	\$395 1-4	\$395	\$35	20% \$0	\$15 20%	20%	0-20%	\$225 not tiers 1,2&7	\$0	•	•	•	•	•	•	•	•	•	•	•
27	PacificSource Medicare MyCare Rx 40 (HMO) H3864-040-0	\$0	\$0	\$5,500	\$0	\$0-\$30	\$380 1-5	\$235	\$5	20% \$0-20%	\$0 \$0-\$320	20%	0-20%	\$0	\$0	•	•	•	•	•	•	•	•	•	•	•
28	PacificSource Medicare MyCare Choice Rx 34 (HMO-POS ²) H3864-034-0	\$0	\$0	\$5,700 \$8,950	\$0 \$0	\$0-\$25 \$0-\$25	\$315 1-7	\$315	\$5	\$15 \$0 or 20%	\$0 \$0-\$310	20%	0-20%	\$0	\$0	•	•	•	•	•	•	•	•	•	•	•
29	PacificSource Medicare Explorer Rx 11 (PPO ¹) H4754-011-0	\$0	\$0	\$6,000 \$7,950	\$0-\$10 \$0-35%	\$35 35%	\$350 1-5	\$350	\$20	\$15 \$0 or 20%	\$0 \$225-\$310	20%	0-20%	\$150 not tiers 1,2&6	\$0	•	•	•	•	•	•	•	•	•	•	•
30	Providence Medicare Extra + Rx (HMO) H9047-064-0	\$155	\$114.40	\$3,400	\$0	\$20	\$250 1-5	\$150 \$100	\$20	20% \$0	\$0 15%	15%	0-20%	\$0	\$0	•	•	•	•	•	•	•	•	•	•	•
31	Providence Medicare Prime + Rx (HMO) H9047-037-0	\$0	\$0	\$4,500	\$0	\$35	\$450 1-4	\$450 \$250	\$35	20% \$0	\$15 20%	20%	0-20%	\$0	\$0	•	•	•	•	•	•	•	•	•	•	•
32	Providence Medicare Bridge + Rx (HMO-POS ²) H9047-059-0	\$29	\$0	\$4,700 \$10,000	\$0 \$25	\$30 \$50	\$325 1-6	\$375 \$250	\$30	20% \$0	\$10 20%	20%	0-20%	\$0	\$0	•	•	•	•	•	•	•	•	•	•	•

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33	Providence Medicare Choice + Rx (HMO-POS ²) H9047-065-0	\$71	\$30.40	\$4,500 \$10,000	\$15 \$25	\$30 \$50	\$300 1-6	\$250	\$30	20% \$0	\$15 20%	20%	0-20%	\$0	\$0	●	●	●				●				●
34	Regence BlueAdvantage (HMO) H6237-007-1	\$0	\$0	\$5,500	\$0	\$35	\$395 1-5	\$350 \$250	\$25	\$0 \$0	\$0 \$300	20%	0-20%	\$0	\$0	●	●	●				●	●			
35	Regence BlueAdvantage HMO Plus (HMO) H6237-008-1	\$41	\$29.90	\$4,700	\$0	\$25	\$375 1-4	\$300 \$250	\$20	\$0 \$0	\$0 \$250	20%	0-20%	\$100 not tiers 1,2	\$0	●	●	●	●	●		●				
36	Regence MedAdvantage + Rx Classic (PPO ¹) H3817-008-1	\$44	\$16.10	\$5,700 \$9,550	\$0 30%	\$40 30%	\$395 1-5	\$350 \$300	\$30	\$10 \$0-\$10	\$10 \$0-\$250	20%	0-20%	\$0	\$0	●	●	●	●	●	●	●	●	●		
37	Regence MedAdvantage + Rx Enhanced (PPO ¹) H3817-009-1	\$166	\$125.40	\$5,000 \$9,550	\$0 30%	\$25 30%	\$315 1-5	\$275 \$225	\$25	\$0 \$0	\$0 \$0-\$250	20%	0-20%	\$0	\$0	●	●	●	●	●	●	●	●			
38	Regence MedAdvantage + Rx Primary (PPO ¹) H3817-011-1	\$0	\$0	\$6,000 \$9,550	\$0 30%	\$40 30%	\$410 1-5	\$350 \$300	\$35	\$20 \$0-\$20	\$10 \$0-\$300	20%	0-20%	\$200 not tiers 1,2	\$0	●	●	●				●	●			
39	Wellcare Assist (HMO) H6815-037-0	\$16.60	\$0	\$5,600	\$0	\$40	\$465 1-4	\$400 \$250	\$40	\$0 or 20% \$0-\$50	\$0 \$0-\$375	20%	0-20%	\$380 not tier 1	\$0	●	●	●	●	●	●	●	●	●		
40	Wellcare No Premium (HMO) H6815-038-0	\$0	\$0	\$5,900	\$0	\$45	\$500 1-5	\$400 \$250	\$45	\$0 or 20% \$0-\$50	\$20 \$0-\$400	20%	0-20%	\$425 not tier 1,2	\$0	●	●	●	●	●		●	●			
41	Wellcare No Premium (HMO) H6815-039-0	\$0	\$0	\$5,600	\$0	\$45	\$465 1-4	\$400 \$250	\$45	\$0 or 20% \$0-\$50	\$0 \$0-\$400	20%	0-20%	\$250 not tiers 1,2	\$0	●	●	●	●	●		●	●			
42	Wellcare Giveback Open (PPO ¹) H5439-015-0	\$0	\$0	\$8,850 \$13,300	\$20 30%	\$50 30%	\$405 1-5	\$400 \$250	\$40	\$0 or 20% \$0-\$50	\$0 \$0-\$400	20%	0-20%	\$545 not tiers 1,2	\$250	●	●	●				●			●	
43	Wellcare Low Premium Open (PPO ¹) H5439-019-0	\$24	\$8.50	\$5,900 \$5,900	\$0 20%	\$30 20%	\$400 1-6	\$375 \$250	\$30	\$0 or 20% \$0-\$50	\$25 \$0-\$375	20%	0-20%	\$350 not tiers 1,2	\$225	●	●	●	●	●	●	●	●	●		
44	Wellcare No Premium Open (PPO1) H5439-017-0	\$0	\$0	\$3,450 \$3,450	\$0 \$0	\$30 \$30	\$425 1-5	\$400 \$250	\$30	\$0 or 20% \$0-\$50	\$0 \$0-\$400	20%	0-20%	\$300 not tiers 1,2	\$0	●	●	●	●	●	●	●	●	●		
45	Wellcare Premium Ultra Open (PPO ¹) H5439-011-0	\$139	\$116	\$4,000 \$8,000	\$12 30%	\$25 30%	\$275 1-7	\$225 \$200	\$25	\$0 or 20% \$0-\$50	\$0 \$0-\$225	20%	0-20%	\$150 not tiers 1,2	\$175	●	●	●	●	●		●				

	Plan	Telephone Number	Web Address		Plan	Telephone Number	Web Address
1	AARP Medicare Advantage from UHC	800-555-5757	AARPMedicarePlans.com	7	Kaiser Permanente	877-408-3496	kp.org
2	Aetna Medicare	833-859-6031	AetnaMedicare.com	8	Moda Health Plan Inc.	888-217-2375	Modahealth.com/medicare
3	ATRIO Health Plans	888-201-8818	Atriohp.com/oregon/	9	PacificSource Medicare	888-863-3637	Medicare.PacificSource.com
4	Cigna Healthcare	800-313-0973	CignaMedicare.com	10	Providence Medicare Advantage Plans	800-457-6064	ProvidenceHealthAssurance.com
5	Devoted Health	800-376-5889	Devoted.com	11	Regence BlueCross BlueShield of Oregon	888-369-3171	Regence.com/medicare
6	Humana	800-833-2364	Humana.com/medicare	12	Wellcare by Healthnet	844-917-0175	Wellcare.com

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2024 Medicare Advantage Plans for Multnomah County (updated Oct-16-2023)

Plans without Part D (no drug coverage)																																		
Plan Name, Type, Plan ID		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/B Red	Opt. Packages								
1	AARP Medicare Advantage Patriot NoRx OR-MA01 (PPO ¹) H2406-073-0	\$0	n/a	\$6,300 \$9,550	\$0 \$25	\$50 \$70	\$425 1-5	\$400 \$400	\$25	\$45/\$0	\$25 \$0-\$250	\$60	0%-20%	n/a	\$0	●	●	●					●	●	●									
2	Aetna Medicare Eagle Plan (PPO ¹) 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%	0%-20%	n/a	\$0	●	●	●				●	●	●	●									
3	Atrio Freedom (PPO ¹) H7006-021-0	\$0	n/a	\$3,400 \$3,400	\$0 \$50	\$25 \$50	\$100 1-5	\$350 \$25	\$0	\$0/\$0	\$0 \$0-\$60	\$20	0%-20%	n/a	\$0	●	●	●	●	●			●	●										
4	Humana USAA Honor (PPO ¹) 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-\$125 \$0-\$360	20%	20%	n/a	\$0	●	●	●	●				●	●	●									
5	Humana USAA Honor (PPO ¹) H5216-315-0	\$0	n/a	\$8,850 \$13,300	\$0 50%	\$50 50%	\$495 1-4	\$400 \$200	\$25-20%	\$0-\$50/\$0-\$15	\$0-\$125 \$0-\$400	20%	20%	n/a	\$0	●	●	●					●	●	●									
6	Moda Health (PPO ¹) 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	●	●	●	●	●	●		●											
7	PacificSource Medicare MyCare Choice 30 (HMO-POS ²) H3864-030-0	\$0	n/a	\$3,950 \$8,950	\$0 \$45	\$0 \$45	\$425 1-5	\$250	\$0	\$20/\$0-20%	\$15 \$190-\$310	20%	20%	n/a	\$0	●	●	●	●	●	●		●	●										
8	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%	0%-20%	n/a	\$0	●	●	●	●	●	●		●	●		●								
9	Providence Medicare Reverence (HMO-POS ²) H9047-035-0	\$0	n/a	\$4,500 \$10,000	\$15 \$25	\$30 \$50	\$300 1-6	\$250	\$30	20%/\$0	\$15 20%	20%	0%-20%	n/a	\$0	●	●	●	●	●	●		●	●		●								
10	Regence Valiance (HMO) H6237-006-0	\$0	n/a	\$4,900	\$0	\$25	\$375 1-4	\$300 \$275	\$30	\$0/\$0	\$0-\$300 \$300	20%	0%-20%	n/a	\$0	●	●	●	●	●		●	●	●	●									
11	Regence Valiance (PPO ¹) H3817-010-0	\$0	n/a	\$5,000 \$9,550	\$0 30%	\$35 30%	\$370 1-4	\$275 \$225	\$35	\$5/\$5	\$0 \$0-\$300	20%	0%-20%	n/a	\$0	●	●	●	●	●	●	●	●	●	●									
12	Wellcare Patriot No Premium Open (PPO ¹) H5439-010-0	\$0	n/a	\$3,500 \$5,100	\$12 20%	\$25 20%	\$200 1-8	\$225 \$150	\$25	\$0-20%/\$0-\$50	\$0 \$0-\$225	20%	0%-20%	n/a	\$125 some	●	●	●	●	●			●											

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