

2024 Included and Optional Dental, Vision, Hearing, and Alternative Care Benefits
For Medicare Advantage Plans Available in Multnomah County (Updated Oct-20-2023)

	Plan Name, Type, Plan ID	Premium	Premium w/ Full Extra Help	Included Dental	Optional Packages (Additional \$/mo.)	Vision	Hearing	Alternative Care	Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	OTC	Rebate/B Red	Opt. Packages
1	AARP Medicare Advantage from UHC OR-0003 (HMO-POS ¹) H3805-001-0	\$58	\$19.30	\$0 copay for preventive and comprehensive, except for 50% coinsurance for bridges & dentures. \$1,500 allowance for all services.		\$0 copay exam. \$250 allowance for frames or contacts. Free standard prescription lenses incl. bifocals/trifocals/standard progressives.	\$0 copay exam. Co-pays ranging from \$99 to \$1,249 for OTC and brand-name hearing aids. 2 aids per yr.	\$0 copay fitness. A, C--\$10 copay; 12 visit max/yr. N--\$10 copay; no visit limit. \$50/qtr OTC.	•	•	•	•	•	•		•	•		
2	AARP Medicare Advantage from UHC OR-0004 (HMO-POS ¹) H3805-039-0	\$0	\$0	\$0 copay for preventive and comprehensive, except for 50% coinsurance for bridges & dentures. \$1,000 allowance for all services.		\$0 copay exam. \$250 allowance for frames or contacts. Free standard prescription lenses incl. bifocals/trifocals/standard progressives.	\$0 copay exam. Co-pays ranging from \$99 to \$1,249 for OTC and brand-name hearing aids. 2 aids per yr.	\$0 copay fitness. \$40/qtr OTC.	•	•	•					•	•		
3	AARP Medicare Advantage from UHC OR-0001 (PPO ¹) H2406-042-0	\$39	\$0	\$0 copay for preventive and comprehensive, except for 50% coinsurance for bridges & dentures. \$1,250 allowance for all services.		\$0 copay exam. \$250 allowance for frames or contacts. Free standard prescription lenses incl. bifocals/trifocals/standard progressives.	\$0 copay exam. Co-pays ranging from \$99 to \$1,249 for OTC and brand-name hearing aids. 2 aids per yr.	\$0 copay fitness. A--\$10 copay; 12 visits/yr. C--\$10 copay;12 visits/yr. N--\$10 copay; no visit limit. \$50/qtr OTC.	•	•	•	•	•	•		•	•		
4	AARP Medicare Advantage from UHC OR-0002 (PPO ¹) H2406-070-0	\$0	\$0	\$0 copay for preventive and comprehensive, except for 50% coinsurance for bridges & dentures. \$500 allowance for all services.	\$50/mo. premium. Replaces the \$500 included dental benefit with a \$1,500 max benefit for preventive and comprehensive dental. 50% coinsurance for bridges and dentures.	\$0 copay exam. \$250 allowance for frames or contacts. Free standard prescription lenses incl. bifocals/trifocals/standard progressives.	\$0 copay exam. Co-pays ranging from \$99 to \$1,249 for OTC and brand-name hearing aids. 2 aids per yr.	\$0 copay fitness.	•	•	•					•			•
5	Aetna Medicare Elite Plan (HMO-POS ¹) H2056-003-0	\$0	\$0	\$0 copay for preventive and comprehensive services, up to \$2,100 max. benefit/yr.		\$0 copay exam. \$300 yearly reimbursement for prescription eyewear.	\$0 copay exam. \$2,000 max annual hearing aid benefit per ear.	\$0 copay fitness. Also \$600/yr reimbursement for fitness-related expenses. A, C M, N--\$10 copay per visit; 12 visits/yr for each service. \$45/qtr OTC.	•	•	•	•	•	•	•	•	•		
6	Aetna Medicare Value Plan (HMO-POS ¹) H2056-004-0	\$0	\$0	\$0 copay for preventive and comprehensive services, up to \$1,500 max. benefit/yr.		\$0 copay exam. \$280 yearly reimbursement for prescription eyewear.	\$0 copay exam. \$2,000 max annual hearing aid allowance per ear.	\$0 copay fitness. Also \$600/yr reimbursement for fitness-related expenses. C, N--\$20 copay; 12 visits/yr for each service.	•	•	•		•	•		•			
7	Aetna Medicare SmartFit Elite Plan (HMO-POS ¹) H2056-010-0	\$0	\$0	\$0 copay for preventive and comprehensive services, up to \$1,800 max. benefit/yr.		\$0 copay exam. \$325 yearly reimbursement for prescription eyewear.	\$0 copay exam. \$1,250 max annual hearing aid allowance per ear.	\$0 copay fitness. Also \$1,200/yr reimbursement for fitness-related expenses. A, C M, N--\$10 copay per visit; 12 visits/yr for each service.	•	•	•	•	•	•	•	•			
8	Aetna Medicare Value Plus Plan (HMO-POS ¹) H2056-011-0	\$20.70	\$0	\$0 copay for preventive and comprehensive services, up to \$2,500 max. benefit/yr.		\$0 copay exam. \$265 yearly reimbursement for prescription eyewear.	\$0 copay exam. \$1,250 max annual hearing aid allowance per ear.	\$0 copay fitness. Also \$360/yr reimbursement for fitness-related expenses. C, N--\$20 copay; 12 visits/yr for each service. \$75/qtr OTC.	•	•	•		•	•		•	•		
9	Aetna Medicare Choice Plan (PPO ¹) H9431-005-0	\$20	\$0	\$0 copay for preventive and comprehensive services, up to \$1,500 max. benefit/yr.		\$0 copay exam. \$225 yearly reimbursement for prescription eyewear.	\$0 copay exam. \$1,250 max annual hearing aid allowance per ear.	\$0 copay fitness. Also \$360/yr reimbursement for fitness-related expenses. A, C M, N--\$10 copay per visit; 12 visits/yr for each service. \$75/qtr OTC.	•	•	•	•	•	•	•	•	•		
10	ATRIO Choice Rx (PPO ¹) H7006-018-0	\$0	\$0	\$4,000 flex card yearly to spend on preventive and comprehensive dental at any provider, with \$0 copay.		\$0 copay exam. \$150/yr allowance for eyeglasses or \$100 for contacts.	\$0 copay exam. \$1,500/yr hearing aid allowance.	Fitness--\$300 allowance for gym membership. \$50/qtr OTC.	•	•	•					•	•		
11	ATRIO Select Rx (PPO ¹) H7006-019-0	\$40.60	\$0	\$4,000 flex card yearly to spend on preventive and comprehensive dental at any provider, with \$0 copay.		\$0 copay exam. \$150/yr allowance for eyeglasses, or \$100 for contacts.	\$0 copay exam. \$1,500/yr hearing aid allowance.	Fitness--\$600 allowance for gym membership. \$170/qtr OTC.	•	•	•					•	•		
12	ATRIO Prime Rx (PPO ¹) H7006-020-0	\$125	\$84.40	\$3,000 flex card yearly to spend on preventive and comprehensive dental at any provider, with \$0 copay.		\$0 copay exam. \$250/yr allowance for eyeglasses, or \$100 for contacts.	\$0 copay exam. \$1,500/yr hearing aid allowance.	Fitness--\$600 allowance for gym membership. \$100/qtr OTC.	•	•	•					•	•		

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.

Unless otherwise noted, cost-sharing amounts are generally based upon services obtained through in-network providers.

A = Acupuncture; C = Chiropractic; N = Naturopathy; M = Massage; OTC = Over The Counter

2024 Included and Optional Dental, Vision, Hearing, and Alternative Care Benefits
For Medicare Advantage Plans Available in Multnomah County (Updated Oct-20-2023)

	Plan Name, Type, Plan ID	Premium	Premium w/ Full Extra Help	Included Dental	Optional Packages (Additional \$/mo.)	Vision	Hearing	Alternative Care	Vision	Hearing	Dental	Acupuncture	Chiropractic	Naturopath	Massage	Fitness	OTC	Rebate/B Red	Opt. Packages
13	Cigna Preferred Medicare (HMO) H7389-002-0	\$0	\$0	\$0 copay for preventive dental. \$20,000/yr combined allowance for routine preventive and comprehensive care. Comprehensive care includes substantial co-pays ranging from \$0 to \$675 on an itemized list.		\$0 copay exam. \$400/yr eyewear allowance, covering lenses, frames, contacts.	\$0 copay for exam and fitting. Copays from \$399 to \$1,800 per hearing aid, limited to 2 aids/yr.	\$0 copay fitness. A --\$300 allowance yearly. \$75/qtr OTC.	•	•	•	•				•	•		
14	Cigna True Choice Medicare (PPO ¹) H7849-055-0	\$0	\$0	\$2,100 max/yr allowance for preventive and comprehensive care, with \$0 copay.		\$0 copay exam. \$300/yr eyewear allowance, covering lenses, frames, contacts.	\$0 copay for exam and fitting. Copays from \$399 to \$1,800 per hearing aid, limited to 2 aids/yr.	\$0 copay fitness. A --\$300 allowance yearly. \$85/qtr OTC.	•	•	•	•				•	•		
15	Devoted CORE Oregon (HMO) H2923-001-0	\$0	\$0	\$0 copay preventive, in network only. \$0 copay in network for comprehensive; up to \$3,500 max/yr for comprehensive.		Exam: \$0 copay. Frames/lenses and contacts allowance: \$350/yr.	Routine exam \$0. Aids \$399-699 copay per aid; 2 aids per yr limit.	\$0 copay fitness. \$150 fitness reimbursement. \$0 copay for A, 12 visits/yr. \$10 copay for N--12 visits/yr. \$10 copay M--6 visits/yr. \$20 copay for C--12 visits/yr. \$80/qtr OTC.	•	•	•	•	•	•	•	•	•		
16	Devoted CHOICE Oregon (PPO ¹) H7199-001-0	\$0	\$0	\$0 copay for preventive, in or out of network. \$3,000 max/yr for comprehensive, with \$0 copay in-network.		Exam: \$0 copay. Frames/lenses or contacts allowance: \$300/yr.	\$0 routine exam ; aids \$199-499 copay per aid; 2 aids per yr limit.	\$0 copay fitness. \$150 fitness reimbursement. \$0 copay for A, 12 visits/yr. \$10 copay for N, 12 visits/yr. \$10 copay for M, 6 visits/yr. \$20 copay for C, 12 visits/yr. \$50/qtr OTC.	•	•	•	•	•	•	•	•	•		
17	Devoted CHOICE PLUS Oregon (PPO ¹) H7199-002-0	\$12	\$0	\$0 copay for preventive, in or out of network. \$4,000 max/yr for comprehensive, with \$0 copay in-network.		\$0 copay exam. \$350 allowance for frames/lenses or contacts.	\$0 copay exam; aids \$199-499 per ear in network only.	\$0 copay fitness. \$150 fitness reimbursement. \$0 copay for A, 12 visits/yr. \$10 copay for N, 12 visits/yr. \$10 copay for M, 6 visits/yr. \$20 copay for C, 12 visits/yr. \$50/qtr OTC.	•	•	•	•	•	•	•	•	•		
18	Humana Gold Plus (HMO) H1036-153-0	\$0	\$0	\$2,000 max/yr. benefit. \$0 in-network copay for preventive and comprehensive dental.	\$47.20 premium for \$2,000 supplemental dental benefit--combined preventive and comprehensive, in/out of network. This insurance REPLACES the dental insurance provided under the "included dental" column.	\$0 copay exam. In-network frames/lenses or contacts allowance: \$100/yr or \$150 if you use a "PLUS** Provider."	\$0 copay exam. Aids 699-999 per ear in-network.	\$0 copay fitness. \$250 annual flex card usable for dental, vision or hearing incl copays. \$0 copay--25 visits for A. \$20 copay--25 visits for N. \$50/qtr OTC mail order.	•	•	•	•		•		•	•		•
19	Humana Choice (PPO ¹) H5216-247-0	\$0	\$0	\$1,500 max/yr benefit. \$0 copay in-network for preventive and comprehensive dental.		Exam: in/out network copay \$0 with combined max benefit \$75/yr. Frames/lens or contacts: In/out network max benefit \$200/yr, or \$250 if using a "PLUS** Provider."	\$0 copay exam. Aids 599-899 per ear in-network.	\$0 copay fitness. C--max 12 visits, \$20 copay in-network. \$60/qtr OTC mail order.	•	•	•		•			•	•		•
20	Humana Value Plus (PPO ¹) H5216-294-0	\$36	\$0	\$2,000 max/yr for preventive and comprehensive, with \$0 copay in- or out-of-network.		Exam: in/out network copay \$0 with combined max benefit \$75/yr. Frames/lens or contacts: In/out network max benefit \$100/yr, or \$150 if using a "PLUS** Provider."	\$0 copay exam. Aids \$0-299 -- One aid per ear every 3 years, in-network.	\$0 copay fitness. \$100 qtr OTC mail order.	•	•	•					•	•		
21	Kaiser Permanente Senior Advantage Enhanced (HMO-POS ¹) H9003-001-0	\$131	\$90.40		"Advantage Plus" -- \$44/mo premium for DVH. Dental--\$0 copay preventive dental. Comprehensive dental--\$50 deductible and 50% coinsurance. \$1,250 combined max dental benefit, in/out of network.	Routine eye exam -- \$20 copay. If you purchase "Advantage Plus" with \$44/mo premium, includes \$175 allowance for frames/lenses/contacts, once every 2 yrs.	Routine hearing exam--\$20 copay. If you purchase "Advantage Plus" with \$44/mo premium: \$0 copay hearing aid exam. \$500 allowance for one hearing aid per ear, once every 3 yrs.	\$0 copay fitness. 18 visits combined for A, C, N, with \$10 copay per visit.	•	•		•	•	•		•			•
22	Kaiser Permanente Senior Advantage Standard (HMO-POS ¹) H9003-006-0	\$46	\$5.40			Routine eye exam -- \$35 copay. If you purchase "Advantage Plus" with \$44/mo premium, includes \$175 allowance for frames/lenses/contacts, once every 2 yrs.	Routine hearing exam: \$35/visit. If you purchase "Advantage Plus" with \$44/mo premium: \$0 copay hearing aid exam. \$500 allowance for one hearing aid per ear, once every 3 yrs.	\$0 copay fitness. 18 visits combined for A, C, N, with \$15 copay per visit.	•	•		•	•	•		•			•
23	Kaiser Permanente Senior Advantage Value (HMO-POS ¹) H9003-009-0	\$0	\$0					\$0 copay fitness. 18 visits combined for A, C, N, with \$20 copay per visit.	•	•		•	•	•		•			•

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24	Moda Health Metro PPORX (PPO ¹) H3813-013-0	\$86	\$45.40	\$1,500 combined max/yr benefit for preventive and comprehensive dental. \$0 copay for preventive; 20% coinsurance for comprehensive.		\$0 copay for one routine eye exam/yr. \$0 copay for one pair of Genesis brand eyeglasses (lenses and frames) every 2 yrs, or else \$100 allowance for contacts every 2 yrs.	\$0 copay exam. Copay of \$599 or \$899 for each hearing aid, once per year.	\$0 copay fitness. \$500 combined total annual benefit for A, C or N, with 50% coinsurance in or out of network. \$30/qtr OTC.	•	•	•	•	•	•	•	•	•					
25	Moda Health + Fred Meyer PPORX (PPO ¹) H3813-016-0	\$39	\$0	\$1,500 combined max/yr benefit for preventive and comprehensive dental. \$0 copay for preventive; 20% coinsurance for comprehensive.		\$0 copay for one routine eye exam/yr. \$0 copay for one pair of Genesis brand eyeglasses (lenses and frames) every 2 yrs, or else \$100 allowance for contacts every 2 yrs.	\$0 copay exam. Copay of \$699 or \$999 for each hearing aid, once per year.	\$0 copay fitness. \$500 combined total annual benefit for A, C or N, with 50% coinsurance in or out of network. \$30/qtr OTC.	•	•	•	•	•	•		•	•					
26	Moda Health Elements PPORX (PPO ¹) H3813-019-0	\$0	\$0	\$1,250 combined max/yr benefit for preventive and comprehensive dental. \$0 copay for preventive; 20% coinsurance for comprehensive.		\$0 copay for one routine eye exam/yr. \$0 copay for one pair of Genesis brand eyeglasses (lenses and frames) every 2 yrs, or else \$100 allowance for contacts every 2 yrs.	\$0 copay exam. Copay of \$699 or \$999 for each hearing aid, once per year.	\$0 copay fitness. \$500 combined total annual benefit for A, C or N, with 50% coinsurance in or out of network. \$30/qtr OTC.	•	•	•	•	•	•		•	•					
27	PacificSource Medicare MyCare Rx 40 (HMO) H3864-040-0	\$0	\$0	\$0 copay for preventive dental. 50% coinsurance for comprehensive dental. Combined max/yr benefit of \$1,750.		\$0 copay exam. \$200 reimbursement yearly for prescription eyeglasses or contacts.	\$0 copay exam. Hearing aid copay either \$599, \$799 or \$999. May purchase up to two aids per year.	\$0 copay fitness. A, N, C -- combined total of 24 visits/yr; \$25 copay per visit. \$75/qtr OTC.	•	•	•	•	•	•		•	•					
28	PacificSource Medicare MyCare Choice Rx 34 (HMO-POS ¹) H3864-034-0	\$0	\$0	\$0 copay for preventive dental. 50% coinsurance for comprehensive dental. Combined max/yr benefit of \$1,500.		\$0 copay exam. \$200 reimbursement yearly for prescription eyeglasses or contacts.	\$0 copay exam. Hearing aid copay either \$599, \$799 or \$999. May purchase up to two aids per year.	\$0 copay fitness. A, N, C -- combined total of 12 visits/yr; \$25 copay per visit. \$75/qtr OTC.	•	•	•	•	•	•		•	•					
29	PacificSource Medicare Explorer Rx 11 (PPO ¹) H4754-011-0	\$0	\$0	\$0 copay for preventive dental. 50% coinsurance for comprehensive dental. Combined max/yr benefit of \$1,500.		\$0 copay exam. \$200 reimbursement yearly for prescription eyeglasses or contacts.	\$0 copay exam. Hearing aid copay either \$599, \$799 or \$999. May purchase up to two aids per year.	\$0 copay fitness. A, C -- combined total of 12 visits/yr; \$25 copay per visit. \$50/qtr OTC.	•	•	•	•	•			•	•					
30	Providence Medicare Extra + Rx (HMO) H9047-064-0	\$155	\$114.40	\$0 copay for preventive dental.	Providence Basic Dental Plan (optional): \$33/mo. premium for \$1,000 max benefit, with \$50 deductible plus co-insurance of 30-50% for non-preventive in-network care. Providence Enhanced Dental Plan: \$45/mo. premium for \$1,500 max benefit with same cost-sharing as the basic plan.	\$0 copay exam. \$250 allowance per year for prescription eyewear.	\$0 copay exam. Copay of \$699 or \$999 per hearing aid.	\$0 copay fitness. \$195/qtr OTC.	•	•	•					•	•		•			
31	Providence Medicare Prime + Rx (HMO) H9047-037-0	\$0	\$0					\$0 copay fitness. C and A: 18 visits each per yr. N--6 visits/yr. C, A, N--\$20 copay per visit.	•	•	•	•	•	•					•			•
32	Providence Medicare Bridge + Rx (HMO-POS ¹) H9047-059-0	\$29	\$0					\$0 copay fitness. C and A: 18 visits each per yr. N--6 visits/yr. C, A, N--\$20 copay per visit. \$70/qtr OTC.	•	•	•	•	•	•					•	•		•
33	Providence Medicare Choice + Rx (HMO-POS ¹) H9047-065-0	\$71	\$30.40					\$0 copay fitness.	•	•	•								•			•
34	Regence BlueAdvantage (HMO) H6237-007-1	\$0	\$0	\$0 copay for preventive, 50% co-insurance for comprehensive, up to \$1,000 max. benefit/yr.		\$0 copay for exam and lenses. \$100 allowance for frames or contacts each year, all provided by VSP.	\$0 copay for routine exam and \$699 or \$999/aid for 1 hearing aid/ear each yr, provided by TruHearing.	\$0 copay fitness. \$45/qtr OTC.	•	•	•					•	•					
35	Regence BlueAdvantage HMO Plus (HMO) H6237-008-1	\$41	\$29.90	\$0 copay for preventive, 50% co-insurance for comprehensive, up to \$1,250 max. benefit/yr.		\$0 copay for exam and lenses. \$100 allowance for frames or contacts each year, all provided by VSP.	\$0 copay for routine exam and \$699 or \$999/aid for 1 hearing aid/ear each yr, provided by TruHearing.	\$0 copay fitness. A and C - \$20 copay for combined 12 visits/yr.	•	•	•	•	•			•						
36	Regence MedAdvantage + Rx Classic (PPO ¹) H3817-008-1	\$44	\$16.10	\$0 copay for preventive, 50% co-insurance for comprehensive, up to \$1,250 max. benefit/yr.		\$0 copay for exam and lenses. \$100 allowance for frames or contacts each year, all provided by VSP.	\$0 copay for routine exam and \$699 or \$999/aid for 1 hearing aid/ear each yr, provided by TruHearing.	\$0 copay fitness. A and C - \$20 copay for combined 12 visits/yr. N - \$20 copay for 6 visits/yr. \$20/qtr OTC.	•	•	•	•	•			•	•					
37	Regence MedAdvantage + Rx Enhanced (PPO ¹) H3817-009-1	\$166	\$125.40	\$0 copay for preventive, 50% co-insurance for comprehensive, up to \$1,500 max. benefit/yr.		\$0 copay for exam and lenses. \$150 allowance for frames or contacts each year, all provided by VSP.	\$0 copay for routine exam and \$599 or \$899/aid for 1 hearing aid/ear each yr, provided by TruHearing.	\$0 copay fitness. A and C - \$20 copay for combined 18 visits/yr. N and M - \$20 copay for 6 visits each/yr.	•	•	•	•	•	•	•	•						

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38	Regence MedAdvantage + Rx Primary (PPO ¹) H3817-011-1	\$0	\$0	\$0 copay for preventive, 50% co-insurance for comprehensive, up to \$1,000 max. benefit/yr.		\$0 copay for exam and lenses. \$100 allowance for frames or contacts each year, all provided by VSP.	\$0 copay for routine exam and \$699 or \$999/aid for 1 hearing aid/ear each yr, provided by TruHearing.	\$0 copay fitness. \$40/qtr OTC.	•	•	•					•	•		
39	Wellcare Assist (HMO) H6815-037-0	\$16.60	\$0	\$0 copay for preventive. \$0 copay for comprehensive up to max benefit of \$1,500/yr. Prosthodontics are not covered.		\$0 copay for exam. \$0 copay for contact lenses, eyeglasses, and eyeglass frames up to \$200 max benefit/yr.	\$0 copay for routine exam. \$0 copay for hearing aid fitting/evaluation. \$0 copay for 2 hearing aids/yr up to \$500 per ear.	\$0 copay fitness. A, C and N - \$0 copay for combined 24 visits. \$40/qtr OTC.	•	•	•	•	•	•		•	•		
40	Wellcare No Premium (HMO) H6815-038-0	\$0	\$0	\$0 copay for preventive. 20% co-insurance for comprehensive up to max benefit of \$1,000/yr. Prosthodontics are not covered.		\$0 copay for exam. \$0 copay for contact lenses, eyeglasses, and eyeglass frames up to \$100 max benefit/yr.	\$0 copay for routine exam. \$0 copay for hearing aid fitting/evaluation. \$0 copay for 2 hearing aids/yr up to \$500 per ear.	\$0 copay fitness. A and C - \$0 copay for 12 visits/yr for each service. \$96/qtr OTC.	•	•	•	•	•			•	•		
41	Wellcare No Premium (HMO) H6815-039-0	\$0	\$0	\$0 copay for preventive. 20% co-insurance for comprehensive up to max benefit of \$1,500/yr. Prosthodontics are not covered.		\$0 copay for exam. \$0 copay for contact lenses, eyeglasses, and eyeglass frames up to \$100 max benefit/yr.	\$0 copay for routine exam. \$0 copay for hearing aid fitting/evaluation. \$0 copay for 2 hearing aids/yr up to \$500 per ear.	\$0 copay fitness. A and C - \$0 copay for 24 visits/yr for each service. \$98/qtr OTC.	•	•	•	•	•			•	•		
42	Wellcare Giveback Open (PPO ¹) H5439-015-0	\$0	\$0	\$0 copay for preventive. \$0 copay for diagnostic and non-routine services. (Comprehensive services are not covered.)		\$0 copay for exam up to \$100 max benefit/yr. \$0 copay for contact lenses, eyeglasses, and eyeglass frames up to \$100 max benefit/yr.	\$0 copay for routine exam. \$0 copay for hearing aid fitting/evaluation. \$0 copay for 2 hearing aids/yr up to \$750 per ear.	\$0 copay fitness. \$24/month Part B premium reduction.	•	•	•					•		•	
43	Wellcare Low Premium Open (PPO ¹) H5439-019-0	\$24	\$8.50	\$0 copy for preventive. 40% co-insurance for comprehensive up to max benefit of \$1,000/yr.		\$0 copay for exam. \$0 copay for contact lenses, eyeglasses, and eyeglass frames up to \$100 max benefit/yr.	\$0 copay for routine exam. \$0 copay for hearing aid fitting/evaluation. \$0 copay for 2 hearing aids/yr up to \$500 per ear.	\$0 copay fitness. A, C, and N - \$0 copay for combined 24 visits. \$40/qtr OTC.	•	•	•	•	•	•		•	•		
44	Wellcare No Premium Open (PPO ¹) H5439-017-0	\$0	\$0	\$0 copay for preventive. \$0 copay for comprehensive up to max benefit of \$1,500/yr.		\$0 copay for exam. \$0 copay for contact lenses, eyeglasses, and eyeglass frames up to \$200 max benefit/yr.	\$0 copay for routine exam. \$0 copay for hearing aid fitting/evaluation. \$0 copay for 2 hearing aids/yr up to \$750 per ear.	\$0 copay fitness. A, C, and N - \$0 copay for combined 24 visits. \$33/month OTC.	•	•	•	•	•	•		•	•		
45	Wellcare Premium Ultra Open (PPO ¹) H5439-011-0	\$139	\$116.00	\$0 copay for preventive. 40% co-insurance for comprehensive up to max benefit of \$2,000/yr.		\$0 copay for exam. \$0 copay for contact lenses, eyeglasses, and eyeglass frames up to \$200 max benefit/yr.	\$0 copay for routine exam. \$0 copay for hearing aid fitting/evaluation. \$0 copay for 2 hearing aids/yr up to \$750 per ear.	\$0 copay fitness. A and C - \$0 copay for 24 visits/yr for each service.	•	•	•	•	•			•			

2024 Included and Optional Dental, Vision, Hearing, and Alternative Care Benefits
For Medicare Advantage Plans Available in Multnomah County (Updated Oct-20-2023)

	Plans Without Drug Coverage Plan Name, Type, Plan ID	Premium	Premium w/ Full Extra Help	Included Dental	Optional Packages (Additional \$ per month)	Vision	Hearing	Alternative Care	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	\$0 copay for preventive and comprehensive, except for 50% coinsurance for bridges & dentures. \$1,500 allowance for all services.		\$0 copay exam. \$300 allowance for frames or contacts. Free standard prescription lenses incl. bifocals/trifocals/standard progressives.	\$0 copay exam. Co-pays ranging from \$99 to \$1,249 for OTC and brand-name hearing aids. 2 aids per yr.	\$0 copay fitness. \$70/qtr OTC. Up to \$110 Part B premium rebate.	•	•	•					•	•	•	
2	Aetna Medicare Eagle Plan (PPO ¹) H9431-015-0	\$0	n/a	\$0 copay for preventive and comprehensive services, up to \$1,250 max. benefit/yr.		\$0 copay exam. \$225 yearly reimbursement for prescription eyewear.	\$0 copay exam. \$1,250 max annual hearing aid allowance per ear.	\$0 copay fitness. \$50 Part B premium reduction. M--\$10 copay; 12 visits/yr. \$120/qtr OTC.	•	•	•				•	•	•	•	
3	Atrio Freedom (PPO ¹) H7006-021-0	\$0	n/a	\$2,500 flex card yearly to spend on preventive and comprehensive dental at any provider, with \$0 copay.		\$0 copay exam. \$200/yr allowance for eyeglasses, or \$100 for contacts.	\$0 copay exam. \$1,500/yr hearing aid allowance.	Fitness--\$550 allowance for gym membership. A, C--30 combined visits, \$20 copay per visit in network. \$150/qtr OTC.	•	•	•	•	•			•	•		
4	Humana USAA Honor (PPO ¹) H5216-301-1	\$0	n/a	\$2,000 yearly allowance for preventive and comprehensive dental.		\$0 copay exam, up to \$75 exam max. \$200 allowance for eyewear/contacts; \$250 max if using PLUS Provider.	\$0 copay exam. Copay of \$399/\$699 per hearing aid. I per ear per year.	\$0 copay fitness. \$30 Part B premium reduction. A--\$0 copay up to 25 visits.\$75/qtr OTC.	•	•	•	•				•	•	•	•
5	Humana USAA Honor (PPO ¹) H5216-315-0	\$0	n/a	\$1,500 yearly allowance for preventive and comprehensive dental.		\$0 copay exam, up to \$75 exam max. \$100 allowance for eyewear/contacts; \$150 max if using PLUS Provider.	\$0 copay exam. Copay of \$699/\$999 per hearing aid. I per ear per year.	\$0 copay fitness. \$100 Part B premium reduction. \$25/qtr OTC.	•	•	•					•	•	•	
6	Moda Health (PPO ¹) H3813-001-0	\$0	n/a	\$0 copay for preventive dental. 20% coinsurance for comprehensive. \$1,000 combined max/yr benefit for preventive and comprehensive.		\$0 copay for one routine eye exam/yr. \$0 copay for one pair of Genesis brand eyeglasses (lenses and frames) every 2 yrs, or else \$100 allowance for contacts every 2 yrs.	\$0 copay exam. Copay of \$699 or \$999 for each hearing aid, once per year.	\$0 copay fitness. \$500 combined total annual benefit for A, C or N, with 50% coinsurance in or out of network. \$30/qtr OTC.	•	•	•	•	•	•		•			
7	PacificSource Medicare MyCare Choice 30 (HMO-POS ¹) H3864-030-0	\$0	n/a	\$0 copay for preventive dental. 50% coinsurance for comprehensive dental. Combined max/yr benefit of \$2,000.		\$0 copay exam. \$250 reimbursement yearly for prescription eyeglasses or contacts.	\$0 copay exam. Hearing aid copay either \$599, \$799 or \$999. May purchase up to two aids per year.	\$0 copay fitness. A, N, C -- combined total of 24 visits/yr; \$0 copay per visit. \$200/qtr OTC.	•	•	•	•	•	•		•	•		
8	Providence Medicare Focus Medical (HMO) H9047-033-0	\$128	n/a	\$0 copay for preventive dental.	Providence Basic Dental Plan (optional): \$33/mo. premium for \$1,000 max benefit, with \$50 deductible plus co-insurance of 30- 50% for non-preventive in-network care. Providence Enhanced Dental Plan: \$45/mo. premium for \$1,500 max benefit with same cost-sharing as the basic plan.	\$0 copay exam. \$250 allowance per year for prescription eyewear.	\$0 copay exam. Copay of \$399 or \$699 per hearing aid.	\$0 copay fitness. C and A: 18 visits each per yr. N--6 visits/yr. C, A, N--\$20 copay per visit. \$75/qtr OTC.	•	•	•	•	•	•		•	•		•
9	Providence Medicare Reverence (HMO-POS ¹) H9047-035-0	\$0	n/a						•	•	•	•	•	•		•	•		•
10	Regence Valiance (HMO) H6237-006-0	\$0	n/a	\$0 copay for preventive, 50% co-insurance for comprehensive, up to \$1,250 max. benefit/yr.		\$0 copay for exam and lenses. \$100 allowance for frames or contacts each year, all provided by VSP.	\$0 copay for routine exam and \$699 or \$999/aid for 1 hearing aid/ear each yr, provided by TruHearing.	\$0 copay fitness. A and C - \$20 copay for combined 18 visits/yr. \$40/qtr OTC. \$20 Part B premium reduction.	•	•	•	•	•			•	•	•	
11	Regence Valiance (PPO ¹) H3817-010-0	\$0	n/a	\$0 copay for preventive, 50% co-insurance for comprehensive, up to \$1,500 max. benefit/yr.		\$0 copay for exam and lenses. \$100 allowance for frames or contacts each year, all provided by VSP.	\$0 copay for routine exam and \$699 or \$999/aid for 1 hearing aid/ear each yr, provided by TruHearing.	\$0 copay fitness. A and C - \$20 copay for combined 18 visits/yr. N and M - \$20 copay for 6 visits each/yr. \$40/qtr OTC.	•	•	•	•	•	•	•	•	•	•	
12	Wellcare Patriot No Premium Open (PPO ¹) H5439-010-0	\$0	n/a	\$0 copay for preventive. 40% co-insurance for comprehensive services to a max benefit/yr of \$2,000.		\$0 copay for exam. \$0 copay for contact lenses, eyeglasses, and eyeglass frames up to \$200 max benefit/yr.	\$0 copay for routine exam. \$0 copay for hearing aid fitting/evaluation. \$0 copay for 2 hearing aids/yr up to \$1,000 per ear.	\$0 copay fitness. A and C - \$0 copay for 24 visits/yr each.	•	•	•	•	•			•			

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.

Unless otherwise noted, cost-sharing amounts are generally based upon services obtained through in-network providers.

A = Acupuncture; C = Chiropractic; N = Naturopathy; M = Massage; OTC = Over The Counter