2021

Oregon Guide to Medicare Insurance Plans

SHIBA

Senior Health Insurance Benefits Assistance

If a company is not listed, it may not be authorized to sell insurance in Oregon, it is new, it is suppressed, or information was unavailable by Oct. 15, 2020, for this consumer guide.

Terms are defined in the glossary on Pages 94-98.

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LOCAL HELP FOR PEOPLE WITH MEDICARE

SHIBA is a statewide network of certified counselors volunteering in their community to help all Oregonians make educated Medicare decisions.

To get help

Call SHIBA: 800-722-4134 (toll-free). You will be asked to use the phone keypad to enter your ZIP code. Depending on where you live, your call may be routed to a local agency in your area or will be returned by one of the state SHIBA staff members.

If you need to talk to state SHIBA staff, do not enter your ZIP code or select * and you will be directed to the Salem office.

Learn more about SHIBA at shiba.oregon.gov.

New to Medicare? Check out medicarestartsat65.oregon.gov.

Be sure to get your Medicare information from an official source (rather than family or friends) and document the contact to protect yourself with date, time, number you called from (calls are recorded), name of representative with whom you spoke, and what was said.

• Social Security, 800-772-1213 (available 8 a.m. – 7 p.m. M-F). To find a local field office visit https://www.ssa.gov/locator for Medicare Parts A & B questions

• 1-800-MEDICARE (800-633-4227) for Part D questions

To give help

Become a SHIBA-certified counselor. Call SHIBA at 800-722-4134 (toll-free). Counselors must complete an application, successfully complete our training program, pass a background check, and work with a SHIBA coordinator in their community.

To apply online, go to
https://healthcare.oregon.gov/shiba/becomeacounselor/Pages/default.aspx.

Medicare agent locator tool

While the SHIBA program offers Medicare counseling services through a statewide volunteer network, help is also available at no cost through licensed health insurance agents. Agents can assist with recommendations and purchase of Medicare insurance plans. If you want to work with a local agent in your community, the Oregon Health Insurance Marketplace has a Medicare agent locator tool available on its website, healthcare.oregon.gov/Pages/find-help.aspx. The agents that can be found on the tool have gone through a state certification process and have a local office available. Be sure to select “Medicare Agent” when you search.

New to Medicare?

Medicare starts at 65, no matter where you are or what you’re doing.
Find out how Medicare will affect you. Go to medicarestartsat65.oregon.gov.

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START HERE: Choose one option

Original Medicare
Parts A and B

Part A
Hospital Insurance

Part B
Medical Insurance

Medicare Supplement Insurance
(Medigap/ Secondary Insurance)

Part D
Prescription Drug Coverage
(PDP Plan)

OR

Medicare Advantage Plan
Part C

Combines Parts A and B
available with or without Prescription Coverage (Part D)

Secondary insurance can also include:

Retiree benefits (e.g., PERS),
COBRA (in some cases)
Tricare for Life/CHAMP VA
Medicaid
IHS (Indian Health Services)

- **Employer or union group plan:** Plan customer service
- **Military benefits:** Your county Veterans Service Officer, 800-692-9666
- **Medicaid:** Your case manager or DHS, 800-282-8096

Your Medicare options

Enrolling in Medicare

If you are turning 65 and are already receiving Social Security or Railroad Retirement Board benefits, you should get a Medicare card and packet in the mail about three months before your birthday. Make sure to update your address with Social Security to ensure prompt delivery.

If you are not already receiving retirement benefits, you **must** contact Social Security to enroll in Medicare or to see if you can delay enrolling without penalty. You have seven months surrounding your 65th birth month to enroll, but benefits are delayed the longer you wait. See the table on Page 12 for details.

If you miss the seven-month enrollment period at age 65, you can enroll from Jan. 1 through March 31 each year, with medical benefits beginning July 1. However, you may have a late enrollment penalty.

The Social Security Administration is the agency that determines eligibility, premiums, and penalties. If you have questions about enrollment in Medicare, call Social Security at 800-772-1213 (toll-free) (8 a.m. to 7 p.m. Monday to Friday). Always keep a record of the date, time, and name of the service representative. Remember to take accurate notes.

You may delay enrolling in Medicare without penalty if you or your legal spouse are actively working and you are covered by an employer group health plan. However, Medicare may be primary in some cases. Contact your benefits administrator to see if this applies.

What is Medicare Part A and Part B?

Medicare Parts A and B, also known as Original Medicare, cover basic hospital and medical services, but leave part of the cost for you to share. This guide also explains additional insurance options for health and prescription drug coverage.

Whichever Medicare path is best for you, please:

1. Call **Social Security** for information on enrolling in Parts A and B. Call Medicare at 800-MEDICARE or (800-633-4227, toll-free) for information on benefits, claims, or Part D drug coverage. **ALWAYS** document the date and name of the customer service representative.

2. Make sure your providers, including hospitals, accept your insurance. Call your plan.

3. Make sure your plan covers your prescription drugs. Use the Medicare Health and Drug Plan Finder at medicare.gov or call your plan to find out.

4. Keep records. Document phone calls with the date, time, number from which you called, name of person with whom you spoke, and the information you received.

Part A – Original Medicare hospital insurance

2021 Part A Premium (At the time of printing 2021 premium and cost-sharing information was not available)	Fewer than 30 work credits, $458; 30-39 credits, $252. Most people have no premium if they have 40 or more work credits. Check with Social Security for work credits.

Service	Benefit	You pay
Hospitalization Inpatient, **not observation**; semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.	First 60 days	$1,408 deductible per benefit period. You could pay multiple deductibles in a calendar year. A deductible is required if another hospitalization occurs after the beneficiary has been discharged from the hospital or skilled nursing facility for 60 consecutive days.
	Days 61-90	$352 a day
	Days 91-150	$704 a day
	Beyond 150 days	All costs
Skilled nursing facility (SNF) After three midnights of inpatient hospitalization, within 30 days of discharge, in a facility approved by Medicare.	Days 1-20	$0
	Days 21-100	Up to $176 a day
	More than 100 days	All costs
Home health care With a Medicare-certified agency.	Visits limited to part-time or intermittent skilled nursing care	Nothing for services
Hospice care Available only to the terminally ill.	As long as a doctor certifies medical need	Limited cost-sharing option for outpatient drugs and inpatient respite care.
Blood	Blood	If the hospital has to buy blood for you, you must pay for the first 3 units or have the blood donated.

Remember: Medicare pays only for Medicare-approved charges, not for all costs of medical services provided.

Part B – Original Medicare medical insurance

2021 Part B Premium (At the time of printing 2021 premium and cost-sharing information was not available)	The standard Part B premium amount in 2020 is $144.60 (or higher depending on your income).
2021 Part B Cost Share (At the time of printing 2021 premium and cost-sharing information was not available)	After paying the annual deductible of $198, Medicare generally pays 80 percent of the Medicare-allowed amount for covered services and you pay the other 20 percent. There is no out-of-pocket maximum.

Covered services	**You pay** monthly Part B premium plus:
• **Physician services** • **Emergency room, urgent care** • **Diagnostic tests; lab tests, MRIs, CT scans, and X-rays** • **Part B covered drugs administered in outpatient facility**	20 percent (generally) of the Medicare-allowed amount after annual deductible.
• **Ambulance transportation**	Ambulance covered if it is a threat to your life to travel in any other way.
• **Diabetes supplies** • **Durable medical equipment, prosthetics/ orthotics**	See Page 16 for details.
Hospital observation stay	Co-payment determined by Medicare payment formula, after annual deductible.
Occupational, physical and speech therapy	20 percent of Medicare-allowed amount after annual deductible.
Acupuncture	20 percent of Medicare-allowed amount after annual deductible for treatment of chronic low back pain.
Home health care (**same as in Part A**)	Nothing for covered services.
Preventive services, some clinical lab services (blood tests, urinalysis)	Nothing for most tests or procedures; fees for office visits or other costs may apply.
Mental health	20 percent of Medicare-allowed amount after annual deductible.

The ABCs – and D – of Medicare

What is Medicare?

Medicare is health insurance for:

- People age 65 years and older
- People younger than 65 receiving Social Security Disability Insurance (SSDI) income for more than 24 months
- People with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS)

This guide contains information on the areas of Medicare coverage:

- Part A: Hospital insurance*
- Part B: Medical insurance*
- Medicare supplements, also called Medigap plans
- Part C: Medicare Advantage plans; private Medicare health insurance plans
- Part D: Prescription drug coverage

Because Medicare is health ***insurance***, you share the costs of your care.

*Some of the items ***not*** covered by Parts A or B

- Long-term care
- Dental care and dentures
- Outpatient prescription drugs
- Hearing aids/exams for fitting hearing aids
- Routine vision and eyeglasses
- Routine annual physical exams with lab tests
- Travel outside the U.S., with limited exceptions
- Alternative care, (naturopathic)
- Medical transport services; non-life-threatening ambulance rides

Notes

Enrollment periods

Initial enrollment period (IEP)

The initial enrollment period is a seven-month period surrounding your 65th birth month (the three months before your 65th birth month; the month of your 65th birthday; and the three months following your 65th birth month).

People who are not auto-enrolled, or those who must pay a premium for Part A coverage, can sign up for Medicare during the initial or general enrollment periods (IEPs or GEPs).

Initial Enrollment Period and Effective Dates	
If you enroll in this month of your IEP...	**...then your Medicare coverage starts the 1st day of this month:**
1st month, (3 months before birth month)	Month of 65th birthday
2nd month, (2 months before birth month)	Month of 65th birthday
3rd month, (1 month before birth month)	Month of 65th birthday
4th month, (birth month)	Month after birth month
5th month, (1 month after birth month)	2nd month after enrollment
6th month (2 months after birth month)	3rd month after enrollment
7th month (3 months after birth month)	3rd month after enrollment

Exception: If your birthday is on the first day of the month, then your IEP starts one month earlier.

Everyone is eligible for Medicare at age 65, as long as they have resided legally in the U.S. for five years or longer. For people older than age 65 who have not yet met this legal residency time period, the 60th month would be treated the same as their 65th birth month. The initial enrollment period would then start on the 57th month and end on the 63rd month of their legal residency.

I missed my initial enrollment period (IEP)

If you missed your IEP and are not covered by your or your spouse's active employer group health plan (EGHP), you will need to enroll in Medicare during the general enrollment period. The general enrollment period is Jan. 1 to March 31 each year. Go to or call Social Security to initiate your enrollment. Premium-free Part A is effective 6 months before contacting Social Security. Part B is effective July 1.

After you use the general enrollment period between Jan. 1 and March 31, you have from April 1 to June 30 to enroll into a Medicare Advantage plan to start effective July 1 with your Medicare Parts A and B. Late enrollment penalties for Part B and prescription drug plans may apply.

Enrollment periods and deadlines

For definitions of the acronyms on this page, please refer to the glossary on Pages 94 to 98.

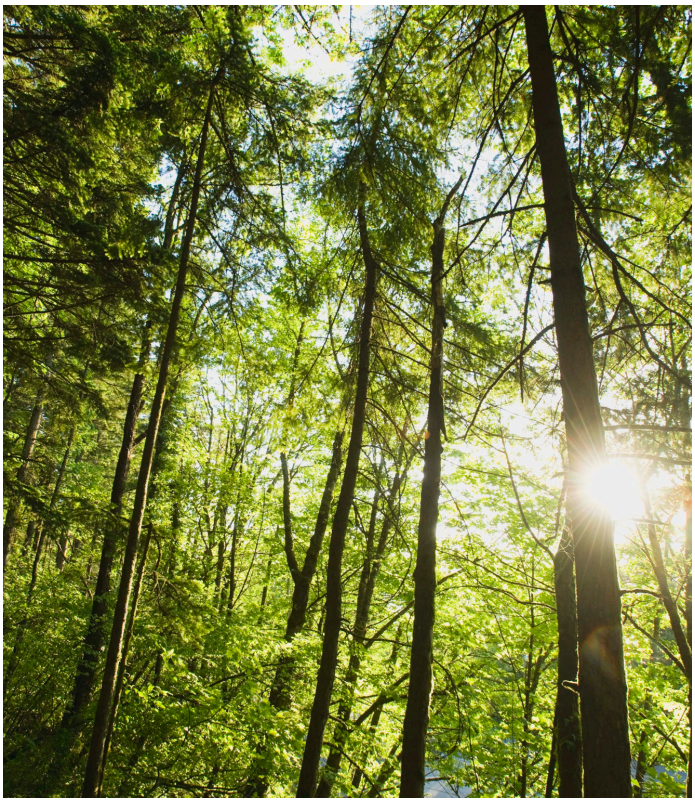
Plan	IEP/OEP	AEP/GEP	SEP/GI	MA OEP	Late penalty
Medicare Part A	The **7 months** that begin 3 months before age 65, or auto-enrolled after 24 months of receiving SSDI.	GEP: **January, February, and March** each year; Free A - 6 mo. retro. eff. date. Paid Part A, eff. July 1.	Any time while covered by an EGHP through active work (self or spouse), or up to **8 months** after active work ends.	N/A	None, unless premium is not free – penalty is 10 percent of premium; lasts twice as long as enrollment was delayed.
Medicare Part B	The **7 months** that begin 3 months before age 65, or auto-enrolled after 24 months if already receiving SSDI.	GEP: **January, February, and March** each year; Part B coverage effective July 1.	Any time while covered by an EGHP through active work (self or spouse), or up to **8 months** after active work ends.	N/A	Premium penalty is 10 percent of current Part B premium per year of delayed enrollment; continues for life-time, unlesss you qualify for MSP.
Medigap	May purchase as soon as you have both Part A and Part B. OEP w/GI for first 6 months of Part B, regardless of age (under or over 65).	Any time, but at plan's discretion; company may underwrite or deny for pre-existing health conditions, unless GI applies.	**63-day GI period** from date previous plan ends **30-day GI period** (starting on current policyholder's birthday) to switch to a different company.	N/A	May cost more. If beyond OEP and GI periods, plan may refuse to insure due to health conditions.
Medicare Advantage	The **7-month period** that begins 3 months before turning age 65, or before the date of qualifying for Medicare due to SSDI.	AEP: **Oct. 15-Dec. 7;** effective Jan. 1. GEP: If enrolling in Part A and B during GEP, then MA enrollment **April 1-June 30;** effective July 1.	**60 days** following loss of other coverage, or within the first 12 months of first plan. Also includes five-star and low-performing plan SEPs. **First three quarters of the year for those receiving** Extra Help or Medicaid. See Page 48.	Jan. 1-March 31 OR first 3 months of MA if new to Medicare. Only 1 action allowed. See Page 48.	None for health coverage. Delayed drug enrollment may incur Part D penalty added to premium.
Medicare Part D	The **7-month** period that begins 3 months before age 65, or before the date of qualifying for Medicare due to SSDI.	AEP: **Oct. 15-Dec. 7;** effective Jan. 1. GEP: If paying Part A premium, then PDP enrollment April 1 - June 30; effective July 1.	**60 days** following loss of other coverage. Also includes five-star and low-performing plan SEPs. **First three quarters of the year for those receiving** Extra Help or Medicaid. See Page 48.	Jan. 1-March 31 each year if in an MA plan on Jan 1. Only 1 action allowed. See Page 48.	Penalty for each month enrollment was delayed is 1 percent of a benchmark premium; e.g., 24 months of delay becomes 24 percent penalty; continues for lifetime unless you qualify for Extra Help. See Page 22.

Part B Medicare preventive services

Medicare offers some preventive services at reduced cost if you get them from a provider who accepts the Medicare assigned fee. Certain facilities' fees or office visit charges may apply to some benefits. Ask your doctor which services are right for you.

Before receiving any preventive service, ask your doctor's billing office if the service is a Medicare-covered expense for you. Restrictions apply to all benefits. Be sure to keep an accurate record of all preventive services received.

Tip: If you use Original Medicare, you can keep track of your preventive services by creating your own mymedicare.gov account.



- Abdominal aortic aneurysm screening
- Alcohol misuse screenings and counseling
- Bone mass measurements (bone density)
- Cardiovascular disease screenings
- Cardiovascular disease (behavioral therapy)
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- Depression screenings
- Diabetes screenings
- Diabetes self-management training
- Glaucoma tests
- Hepatitis B infection screening
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Mammograms (screening)
- Nutrition therapy services
- Obesity screenings and counseling
- One-time Welcome to Medicare preventive visit
- Prostate cancer screenings
- Sexually transmitted infections screening and counseling
- Shots:
  - Flu shots
  - Hepatitis B shots
  - Pneumococcal shots
- Tobacco use cessation counseling
- Yearly wellness visit

Medicare Advantage plans must provide these preventive screenings, as well. Check your with your plan for any facility or other fees.

Preventive visits (Applies only to Original Medicare, not Medicare Advantage)

The Welcome to Medicare preventive visit

You can get this free visit within the first 12 months you have Part B. This visit includes a review of your medical and social history related to your health and education, and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed. It also includes:

- Certain screenings, shots, and referrals for other care, if needed
- Height, weight, and blood pressure
- Calculation of your body mass index
- Simple vision test
- Review of your potential risk for depression and your level of safety
- An offer to talk with you about creating an advance directive
- A written plan to let you know about what screenings, shots, and other preventive services you need

This is a one-time visit; you are not required to get this visit in order to have your yearly wellness visit covered. The visit may not be covered if any other services are provided that day. Make sure when you call to set up the appointment that you inform them you want the Welcome to Medicare visit. This is NOT an annual physical.

The yearly wellness visit

If you have had Part B longer than 12 months, you can get this free visit to develop or update a personalized prevention plan to prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a health risk assessment as part of the visit, which will help you and your provider develop a personalized prevention plan to help you stay healthy. The visit also includes:

- Review of your medical and family history
- Developing and updating a list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- Detection of any cognitive impairment
- Personalized health advice
- List of risk factors and treatment options for you
- A screening schedule for appropriate preventive services
- Advance care planning

This visit is covered once every 12 months (11 months must have passed since the last visit).

Why the yearly wellness visit won't be covered

If you received services outside the scope of the yearly wellness visit, Medicare will not cover it, no matter how many times you appeal. *If you decide to receive the yearly wellness visit, you may want to take this guide to your doctor.* For information, go to medicare.gov/coverage/preventive-visit-and-yearly-wellness-exams.html.

Original Medicare – ABN and DMEPOS

Advance Beneficiary Notices (ABN) Mandatory and Voluntary

Sometimes, medical providers or suppliers **must** notify you in writing (with an ABN) if they believe Medicare will not cover a particular service. The ABN should identify the specific service that is not covered and your costs.

If you do not get the notice to sign and it was required, you may not have to pay the bills. The ABN is not required for items and services that are never covered by Medicare. Also, the notices apply to people in Original Medicare and not those with Medicare Advantage plans. **Never sign a blank ABN.**

Routine ABNs (a practice of obtaining beneficiary signatures on blank forms and then completing them later) are a violation of Medicare rules. Telling the patient "we need you to sign because we never know if Medicare will pay" is not allowed either. The provider should know based on medical codes used if Medicare will cover a service.

Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS)

All DMEPOS purchases must be physician prescribed, usually accompanied with a statement of medical necessity and made through a Medicare-contracted supplier. Your share is 20 percent of the Medicare-assigned rate if the supplier accepts assignment. To find a supplier, go to medicare.gov/supplierdirectory/search.html

Note: Medicare will not reimburse you if you pay a supplier the full amount up front. Make sure you are receiving supplies from a Medicare-contracted supplier that directly bills Medicare.

Mail-order diabetic supplies

Medicare will reimburse only contracted suppliers for diabetic testing supplies delivered to beneficiaries' residences. Mail order means items shipped or delivered to the beneficiaries' residences, including home deliveries offered through some pharmacies.

If you have a Medicare Advantage plan, contact the plan to find out the suppliers your plan contracts with to obtain all your DMEPOS.

Veterans' benefits and Medicare

Veterans need to understand how the Department of Veterans Affairs (VA) and Medicare work together in their case. Veterans who have Medicare and VA may receive services through either program. However, **they must choose which benefit they will use each time they see a doctor or receive health care** (e.g., in a hospital). Medicare will not pay for the same service that was authorized by the VA; similarly, veterans' benefits will not make primary payment for the same service that was covered by Medicare. Some veterans receive their health care for free, including prescriptions. Others may be responsible for making co-payments. Medicare will not reimburse such co-payments.

To receive services under VA benefits, a person must receive his or her health care at a VA facility **or** have the VA authorize services in a non-VA facility.

Veterans could be subject to a penalty for enrolling late for Medicare Part B, even if they are enrolled in VA health care.

VA drug coverage is considered Medicare creditable, which protects against the penalty for delayed enrollment in Medicare Part D. To avoid penalty when enrolling in a Medicare drug plan, proof of VA drug coverage is required. To request a letter of creditable coverage or information regarding current benefit status, contact the VA Health Revenue Center at 866-290-4618 (toll-free).

Some veterans benefit from using both their VA drug benefit and enrolling in a Medicare plan for drugs the VA may not cover. When a Medicare drug plan is used, VA does not reimburse out-of-pocket expenses and VA is not a secondary payer.

Every county is assigned a Veterans Service Officer (VSO) to help you with your VA benefits. To find your local VSO: oregon.gov/odva/Pages/contact_us.aspx. Phone: 800-828-8801 (toll-free)

TRICARE for Life is for military retirees and their dependents. You must have Medicare Part A and Part B to receive TRICARE for Life.

For eligibility information, call the Department of Defense at 866-773-0404 (toll-free) or visit tricare4u.com.

TIPS & HINTS

If medical equipment is delivered to you, don't accept it unless it was ordered by your physician. Refuse the delivery or return it to the sender. Keep a record of the sender's name and the date you returned the items.

Retiree plans and Medicare

If you are eligible for group health plan (retiree) coverage from a former employer, and are approaching or older than 65, in most cases, you must be enrolled in Medicare Parts A and B in order to enroll in or continue with any of the retiree plan options. Also, exercising your option to enroll in the retiree plan once you are Medicare eligible will most likely have a deadline. Check with your employer's plan administrator for the timelines and rules for eligibility. Not enrolling timely may prohibit you from enrolling in the future.

Once you are retired and have Medicare and group health plan (retiree) coverage from a former employer, be sure you know whether your group health plan pays after Medicare (secondary) or is a managed care plan that pays primary.

How your retiree group health plan coverage works depends on the terms of your specific plan. If you can get group health plan coverage after you retire, it might have different rules and might not work the same way after you have Medicare.

5 things to know about retiree coverage

1. Find out if you can continue your employer coverage after you retire. Generally, when you have retiree coverage from an employer or union, it controls this coverage. Employers are not required to provide retiree coverage, and they can change benefits or premiums, or even cancel coverage.
2. Find out the price and benefits of the retiree coverage, including whether it includes coverage for your spouse. Your employer or union may offer retiree coverage for you, your spouse, or both that limits how much it will pay. It might provide only "stop loss" coverage, which starts paying your out-of-pocket costs only when they reach a maximum amount.
3. Find out what happens to your retiree coverage when you are eligible for Medicare. For example, retiree coverage might not pay your medical costs during any period in which you were eligible for Medicare, but did not sign up for it. When you become eligible for Medicare, you may need to enroll in both Medicare Part A and Part B to get full benefits from your retiree coverage.
4. Find out what effect your continued coverage as a retiree will have on both your and your spouse's health coverage. If you are not sure how your retiree coverage works with Medicare, get a copy of your plan's benefit booklet or look at the summary plan description provided by your employer or union. You can also call your employer's benefits administrator to ask how the plan pays when you have Medicare. You may want to talk to a SHIBA counselor for advice about whether to buy a Medicare Supplement Insurance (Medigap) policy.

5. If your former employer discontinues your coverage, in Oregon, you have the right to buy a Medigap policy with guaranteed issue within 63 days, even if you are no longer in your Medigap open enrollment period.

Since Medicare pays first after you retire, your retiree coverage is likely to be similar to coverage under Medicare Supplement Insurance (Medigap). Retiree coverage is not the same thing as a Medigap policy, but, like a Medigap policy, it usually offers benefits that fill in some of Medicare's gaps in coverage, such as co-insurance and deductibles. Sometimes, retiree coverage includes extra benefits, such as coverage for extra days in the hospital, routine vision exams, or dental benefits.

Medicare and employer group health plans (EGHPs)

When you or your spouse are still working and covered by an employer group health plan, you can delay enrolling into Medicare without penalty. However, if the employer has fewer than 20 employees, Medicare typically pays first (primary). The employer plan would then pay second, whether or not you are enrolled in Medicare. If you or your spouse are on Medicare due to disability (younger than age 65), then Medicare pays first for companies with fewer than 100 employees.

When you are covered by active-work group health, generally you may enroll in Medicare Parts A and B at any time while you are working or up to eight months after your work coverage ends. When your EGHP ends, you will have a special enrollment period (SEP) to enroll in Medicare and additional Medicare-related insurance plans. You could choose to enroll into a:

- Retiree plan if available (Page 18)
- Medicare Advantage Plan (health and drug combined) (Pages 47-87)
- Secondary policy called a Medicare Supplement (Medigap) (Pages 30-46)
- Stand-alone prescription drug plan (Pages 22-30)

Time is limited to make a choice on your enrollment to avoid any late enrollment penalties, so do not delay. A chart with the timelines is on Page 13 of this guide.

Employer high-deductible health plans with health savings accounts

If you are covered by an employer plan that is a high-deductible health plan (HDHP) and contributions (yours or your employer's) are being made to a health savings account (HSA), you must choose between continuing to contribute to the HSA or enrolling in Medicare Part A. Once you enroll in Medicare at all, you are no longer eligible to contribute or receive contributions to your HSA from your employer. There are tax consequences and penalties if contributions continue.

If you choose to continue working past age 65 and contribute to the HSA, contributions must stop 6 months before of enrolling in Medicare because Part A, if premium-free, will become effective 6 months retroactively, or to your 65th birth month, whichever occurs first. Calling Social Security to set an appointment is called a "protective filing date" and Part A will have an effective date 6 months retroactive from the date of the call.

Time is limited to make a choice on your enrollment to avoid any late enrollment penalties, so do not delay. A chart with the timelines is on Page 13 of this guide.

Medicare and the Marketplace

If you have Medicare, you should not need to buy coverage through the Health Insurance Marketplace (healthcare.gov). The Marketplace is for individuals, families, and employees of small businesses to get health coverage — either through private insurance companies or the Oregon Health Plan. Below are frequently asked questions about Medicare and the Marketplace.

Can I get a Marketplace plan in addition to Medicare?

No. It is against the law for someone who knows that you have Medicare to sell you a health plan through the Marketplace or an insurance company. This is true even if you have only Part A or Part B. Instead of a Marketplace plan, there are plans specifically designed to work with Medicare. Go to Pages 30-46 to learn

about Medigap policies and Pages 47-87 to learn about Medicare Advantage plans. You can also call SHIBA or visit medicare.gov for more information.

Can I choose the Marketplace coverage instead of Medicare?

Generally, no; however, there are a few exceptions:

You may be able to get a plan through the Marketplace if you are eligible for Medicare, but have not enrolled because you would have to pay a premium for Part A or because you are not collecting Social Security benefits.

If you:

Are paying a premium for Part A. You can drop your Part A and Part B coverage.

Do not have five years of documented legal resident status to qualify for Medicare or Medicaid.

Your household income will determine whether you qualify for financial help to pay for the plan through the Marketplace. For more information about Marketplace coverage, visit healthcare.gov or call 800-318-2596 (toll-free).

Before making a choice, there are two points to consider:

If you enroll in Medicare after your initial enrollment period ends, you may have to pay a late enrollment penalty for as long as you have Medicare.

Outside of the initial enrollment period, you can usually enroll in Medicare only during the Medicare general enrollment period (from Jan. 1 to March 31). Your coverage will not begin until July of that year.

See Page 13 for enrollment periods and deadlines.

What if I become eligible for Medicare after I join a Marketplace plan?

You can get a health insurance plan through the Marketplace before your Medicare begins. You can then cancel your Marketplace plan when your Medicare coverage starts.

Once you are eligible for Medicare, you will have an initial enrollment period to sign up. For most people, the initial enrollment period for Medicare starts three months before their 65th birth month and ends three months after their 65th birth month.

In most cases, it is to your advantage to sign up when you are first eligible because:

Once you are eligible for Medicare, you will not be able to get lower costs for a Marketplace plan based on your income.

If you enroll in Medicare after your initial enrollment period ends, you may have to pay a late enrollment penalty for as long as you have Medicare.

Note: You can keep your Marketplace plan after your Medicare coverage starts. However, once your eligibility for

premium-free Part A coverage starts, whether or not you are actually enrolled, any financial help you get through the Marketplace will stop.

Additionally, your Marketplace plan will not renew once you are eligible for premium-free Part A.

Can I get a stand-alone dental plan through the Marketplace?

No, you cannot buy a dental plan through the Marketplace if you have Medicare.

However, you may purchase a dental plan directly from a health insurance company. Contact your agent.

Where can I get dental insurance to go with Medicare?

SHIBA offices have a list of stand-alone dental insurance companies that sell policies in Oregon. Also, some Medicare Advantage plans include preventive dental in their core benefits or can add a dental rider to their health insurance plans to cover comprehensive services.

Part D prescription drug coverage

Medicare Part D

Medicare offers prescription drug insurance to all Medicare beneficiaries, regardless of income or health. Medicare Part D plans cover most self-administered drugs, as well as some pharmacy-administered vaccines such as the shingles vaccine.

Private insurance companies contracted with Medicare offer the plans, which may require monthly premiums, co-pays, co-insurance, and deductibles.

Part D coverage is available through stand-alone prescription drug plans (PDPs) that cover only drugs, as well as from Medicare Advantage with Prescription Drug (MAPD) plans that combine health and drug coverage.

If you want prescription drug coverage, you must be enrolled in Medicare Part A or B, and take an action to enroll in a plan.

Save your Medicare Summary Notices (MSNs) and Medicare Advantage and Part D Explanations of Benefits (EOBs). Keep a Personal Health Care Journal, available from your local Senior Medicare Patrol, so you can double-check that your records match the notices you receive. Shred any documents you decide to no longer store in a secure place.

Part D prescription drug coverage, continued

Do I need prescription drug coverage?

Medicare Part D is like all insurance. It covers you if you need it now and it protects you against future prescription costs. If you do not enroll in Part D when you are first eligible, you may have a late enrollment penalty later.

What if I have prescription coverage?

If you already have a Part D stand-alone prescription plan, your insurance company must send you a packet in early October describing the changes for the coming year. Carefully read the documents.

If you already have prescription coverage through an employer, a union, or a government agency (such as the VA), you may want to stay with your existing plan if the drug benefits are creditable – as good as or better than Medicare's standard Part D benefit. If you do not have a letter telling you whether your coverage is creditable, contact your benefits administrator and request one. Always save any proof of creditable coverage.

The late penalty

If you are eligible for Part D and do not have other creditable coverage, you may face a penalty when you enroll in the future. The penalty amount is 1 percent (33 cents in 2021) of the Part D National Base Beneficariy Premium, which is $33.06 in 2021 for every month without creditable coverage. If you have other drug coverage, that plan's benefits administrator must issue a letter stating whether your coverage is as good as or better than Medicare's basic PDP benefit.

The late penalty may be waived if you qualify for Extra Help (see Page 27), or are on Medicare due to disability and you turn 65.

Where do I get help choosing a prescription drug plan?

Visit medicare.gov

Call SHIBA (Senior Health Insurance Benefits Assistance program) at 800-722-4134 (toll-free)

Call Medicare at 800-633-4227 (toll-free)

Can I switch plans?

Yes. Plans change every year. Medicare recommends that you review your prescription drug plan each fall. You may join, drop, or switch plans during the annual enrollment period (AEP) from **Oct. 15 to Dec. 7**.

If you start the year with a Medicare Advantage (MA) plan, you can use the MA open enrollment period from Jan. 1 to March 31 to make changes to drug coverage. (See Page 48 for details.)

Part D prescription drug coverage, continued

To switch plans:

- Enroll in a new prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage. Your new plan will replace your old plan starting Jan. **You do not need to take any other action to end your prior plan.**
- If you take more than one enrollment action during the fall Annual Enrollment Period, the last action received by Medicare before the period closes is the one that will become effective. Do not make more than one enrollment action on the same day.

If you move to a new state, you must enroll in a new plan in your new state, even if you are enrolled in a national plan.

Things to look for in a drug plan

Drug list: Also, known as a formulary, each drug plan has a list of prescription drugs it covers. Plans differ by formularies, rules governing access, and costs.

Restrictions
All the plans are allowed to apply restrictions to their drug formulary. Types of restrictions and limitations imposed are:

Prior authorization: Your prescriber must contact the plan to show that the drug is medically necessary in order for the plan to cover it. A 30-day supply is available while this is processed.

Quantity limits: For cost, safety, or legal reasons, some plans limit the quantity of drugs that they cover over a period of time. If you require more than the allowed amount, your doctor must submit proof that it is medically necessary and the plan may grant an exception to the limit.

Step therapy: The plan requires that you must first try certain less-expensive drugs on its formulary before you can get a more expensive brand-name drug covered. If you have previously tried the drug and it did not work, or if your doctor believes, due to your medical condition, it is medically necessary for you to be on a specific drug, the doctor can contact the plan to request an exception. If the plan approves the request, then the drug will be covered.

Picking a plan with the fewest or no restrictions – even if you pay a somewhat higher price overall – may be a good choice. It will lessen the amount of delay and paperwork to receive your preferred drugs.

What are the out-of-pocket costs for Part D?

Drug plan premiums have a wide range of costs. Higher premium plans do not necessarily cover your medications better than lower premium plans. The real determining factor is the specific medications on your personal list. The Plan Finder on medicare.gov is the best tool for doing a cost comparison and choosing the plan that works best for you.

Part D prescription drug coverage, continued

All medications on a plan's formulary are assigned a "tier" level, indicating the cost share a member will pay at the pharmacy. There are two ways of determining the cost share that is paid for each medication: co-pay and co-insurance. Co-pays, a set dollar amount, tend to be on the lower-tiered drugs. Co-insurance, a percentage of cost, is often applied to the higher-tiered drugs. Co-pays will be a consistent cost share throughout the year. Co-insurance cost shares change along with market fluctuation. Medicare.gov Plan Finder drug plan detail (View Drug Benefit Summary) provides the information whether your drug list requires co-pays or co-insurance.

Cost share is also greatly affected by whether the pharmacy you use is a preferred pharmacy.

Drug plan benefits are not available if you use an out-of-network pharmacy. You pay the retail cost, as if you had no insurance. If you travel out of state, be sure you are enrolled in a plan that works nationally.

Can I have more than one prescription drug plan at a time?

It depends. If you are enrolled with Veterans Affairs drug benefits or Indian Health Services pharmacy, you are in a special group that has creditable coverage and you can have either one or both types of coverage. Whether it will be a benefit to have both options depends on your drug list. However, people with creditable union, employer, or retiree coverage could end up canceling their benefits by signing up for a Medicare Part D plan.

With the exception of Medicare Medical Savings Account (MSA) plans, you cannot have a Medicare Advantage (MA) plan (HMO or PPO) and a separate stand-alone drug plan. Your drug coverage must be included with the MA plan you choose.

Part D Senior Savings Program

In 2021, many Part D and Medicare Advantage plans are participating in the Part D Senior Savings Program. This program limits monthly co-pays for a 30-day supply of insulin to just $35. To see which plans are participating, filter plans on the Medicare.gov Plan Finder or contact your local SHIBA counseling program.

More ways to pay for prescription drugs

Drug manufacturers' discount programs or patient-assistance programs. Some are available if you

TIPS & HINTS

If you have questions about information on your Medicare Summary Notice (MSN) or Medicare Advantage or Part D Explanation of Benefits (EOB), call your provider or plan first. If your provider or plan is unable to help, contact your local SHIBA for assistance.

Part D prescription drug coverage, continued

enrolled in Part D and still cannot afford your drugs. For a list of programs and links to applications, visit needymeds.org (800-503-6897).

Many employer group health plans cover prescription drugs. Check with your benefits administrator for your coverage information.

Oregon Prescription Drug Program (OPDP), a bulk-purchasing pool, is ***free*** to all residents in Oregon. Apply at opdp.org. Most (Walgreens is not contracted with OPDP) major pharmacy chains are included in the bulk-purchasing pool network. You may have both Part D and an OPDP discount card, but can use only one for a purchase. The OPDP discount card is not insurance (800-913-4284).

Other discounts or coupons, like GoodRX.com, are sometimes available, but do not protect from late enrollment penalty as they are not insurance.

Part D standard benefit terms:

Monthly premium: Plans have a premium. This is the amount you pay every month, even if you do not buy any prescription drugs. Oregon stand-alone drug plan premiums in 2021 range from $6.30 to $124 monthly.

Yearly deductible: Some plans have a yearly deductible. You pay this amount before the insurance plan pays its part of your prescription drug costs. This amount can be up to $445. After you have paid your plan's deductible, the plan pays an average of 75 percent of your drug costs up to a certain dollar amount. NOTE: "On average" because Tier 3 and 4 drugs can be a cost share of 33 percent to 44 percent.

Initial benefit period: When the insurance plan starts to pay for covered drugs, you still pay a percentage or a co-pay amount (such as a $15 co-pay at the pharmacy).

Coverage gap: Health-care reform has phased out the "donut hole." In 2021, after your total drug value reaches $4,130, you will pay 25 percent of the cost of brand-name drugs and 25 percent of generic drug costs. The donut-hole does not apply to people receiving Extra Help.

Catastrophic coverage: Once you have spent $6,550 out of pocket in 2021, you are out of the coverage gap and automatically receive catastrophic coverage. When you reach catastrophic coverage, you pay the higher amount of 5 percent or $3.70 for generics or $9.20 for other drugs for the rest of the year.

Do not let anyone except your physician's office handle your Medicare card. If anyone other than your physician's office requests your Medicare information, do not provide it.

Extra Help and the Medicare Savings Program

Help with Part D

The federal government's Extra Help program, also called the Low Income Subsidy (LIS), saves qualifying beneficiaries money on their Medicare Part D plans.

Extra Help:

- Reduces the monthly premium, often to $0
- Cuts the yearly deductible, often to $0, but no more than $92
- Greatly reduces pharmacy co-pays, even on expensive medications
- Reduces the coverage gap ("donut hole") cost sharing no more than 15 percent for brand-name and generic drugs

You must be enrolled in a Part D plan. Your level of assistance depends on your income and resources. Once approved for Extra Help, you must choose a plan. If you do not choose a plan, you will be automatically enrolled in a random $0 premium plan that may not cover your specific needs.

How to apply:

1. Call Oregon Medicare Savings Connect at 855-447-0155 (toll-free)
2. Online at BenefitsCheckUp benefitscheckup.org/Oregon
3. Call your local SHIBA counselor at 800-722-4134 (toll-free)

In addition, you can find a variety of **patient-assistance programs** online for help with drug costs or for specific diseases or conditions. A good place to start is needymeds.org. (800-503-6897)

Help with the Part B premium and other Medicare costs

The Medicare Savings Program (MSP) can help pay for the Medicare Part B premium, co-insurance, and deductible depending on your level of income. MSP automatically qualifies you for Extra Help.

To see if you qualify, apply at your local office of Aging and People with Disabilities, part of Oregon's Department of Human Services (DHS). To find your local office, call 800-282-8096 (toll-free) or go to oregon.gov/DHS/Offices/Pages/Seniors-Disabilities.aspx

Ask about the Medicare Savings Program or QMB (Qualified Medicare Beneficiary).

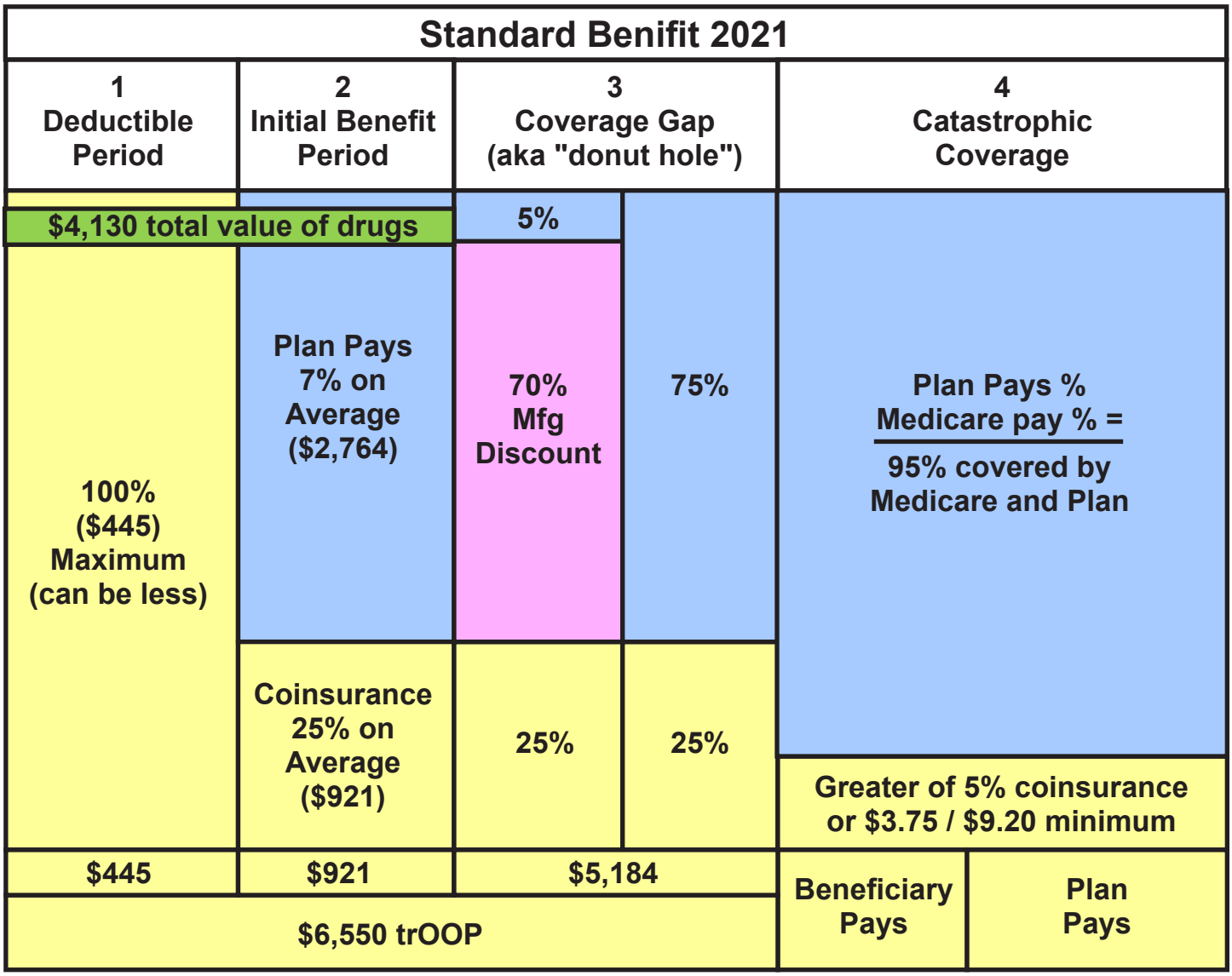
If you get Supplemental Security Income (SSI), you automatically receive this financial help.

Estate recovery

- No estate recovery for MSP (Partial Medicaid)
- No estate recovery for Extra Help
- Estate recovery continues for Full Medicaid
- For more information, call Estate Administration, 800-826-5675 (toll-free).

Part D standard benefit, what you pay for drugs

This diagram shows the standard prescription drug plan benefit. Coverage begins Jan. 1, 2021. The costs shown below are in addition to any monthly premium charged by the drug plan. Total value of $4,130 includes beneficiary cost and plan payment.



In 2021, 95 percent of the full price of a brand name and 25 percent of a generic goes toward True Out Of Pocket expense (TrOOP). Once this amount reaches $6,550, then Stage 4 - Catastrophic Coverage is reached.

2021 stand-alone prescription drug plans

Parent company name, contract, and phone numbers	Plan name and plan number	Premium	Annual deductible	Additional coverage in gap	Plan premium with 100% Extra Help
Aetna Medicare S5601* M – 866-235-5660 NM – 833-526-2445 TTY – 711	SilverScript SmartRx (E)-205	$6.30	$445.00	No	$3.40
	SilverScript Choice (B) - 060	$31.30	$260.00	No	$0.00
	SilverScript Plus (E) - 061	$75.00	$0.00	Yes	$39.00
Asuris Northwest Health S5609 M – 800-541-8981 NM – 888-369-3172 TTY – 711	Asuris Medicare Script Basic (B) - 001	$93.50	$300.00	No	$57.50
	Asuris Medicare Script Enhanced (E) - 002	$124.50	$0.00	Yes	$88.50
Cigna-HealthSpring Rx S5617* M – 800-222-6700 NM – 800-735-1459 TTY – 711	Cigna Secure-Essential Rx (E) - 309	$24.00	$445.00	No	$13.60
	Cigna Secure Rx (B) - 148	$33.30	$445.00	No	$0.00
	Cigna Secure-Extra Rx (E) - 275	$40.30	$100.00	Yes	$40.30
Clear Spring Health S6946 M – 833-459-4421 NM – 877-384-1241 TTY – 711	Clear Spring Health Premier Rx (E) - 054	$14.00	$445.00	No	$14.00
	Clear Spring Health Value Rx (B) - 025	$31.10	$445.00	No	$0.00
Elixir Insurance S7694* M – 866-250-2005 NM – 888-377-1439 TTY – 711	Elixir RxPlus (E) - 136	$14.30	$445.00	No	$14.30
	Elixir RxSecure (B) - 030	$32.50	$445.00	No	$0.00
Express Scripts Medicare S5660* M – 800-758-4574 NM – 866-477-5704 TTY – 800-716-3231 TTY – 711	Express Scripts Medicare - Saver (E) - 246	$29.50	$285.00	No	$14.60
	Express Scripts Medicare - Value (B) - 132	$30.30	$445.00	No	$0.00
	Express Scripts Medicare - Choice (E) - 215	$71.60	$100.00	Yes	$71.60

* **Nationwide plans**

(B) = Basic drug benefit (see glossary)

(E) = Enhanced drug benefit (see glossary)

Key: NM – nonmember, M – member, TTY – teletypewriter

2021 stand-alone prescription drug plans, continued

Parent company name, contract, and phone numbers	Plan name and plan number	Premium	Annual deductible	Additional coverage in gap	Plan premium with 100% Extra Help
Humana Ins. Co. S5884* M – 800-281-6918 NM – 800-706-0872 TTY – 711	Humana Walmart Value Rx Plan (E) - 209	$17.20	$445.00	No	$0.90
	Humana Basic Rx Plan (B) - 113	$34.00	$445.00	No	$0.00
	Humana Premier Rx Plan (E) - 176	$65.30	$445.00	No	$29.30
Mutual of Omaha Rx S7126 M – 855-864-6797 NM – 800-961-9006 TTY – 800-584-6939 TTY – 711	Mutual of Omaha Rx Premier (E) - 099	$24.90	$445.00	No	$24.90
	Mutual of Omaha Rx Plus (B) - 029	$91.90	$445.00	No	$55.90
UnitedHealthcare S5820* M – 888-867-5575 NM – 888-867-5564 TTY – 711	AARP MedicareRx Preferred (E) - 029	$92.10	$0.00	No	$56.10
UnitedHealthcare S5921* M – 866-870-3470 NM – 800-753-8004 TTY – 711	AARP MedicareRx Saver Plus (B) - 374	$32.20	$445.00	No	$0.00
	AARP MedicareRx Walgreens (E) - 411	$34.00	$445.00	No	$8.50
WellCare S5810* M – 888-550-5252 NM – 888-293-5151 TTY – 711	WellCare Medicare Rx Select (E) - 306	$24.50	$445.00	No	$6.00
	WellCare Medicare Rx Saver (B) - 064	$33.50	$445.00	No	$0.00
WellCare S5768* M – 888-550-5252 NM – 888-293-5151 TTY – 711	WellCare Medicare Rx Value Plus (E) - 153	$71.90	$0.00	No	$35.90
WellCare S4802* M – 888-550-5252 NM – 888-293-5151 TTY – 711	WellCare Wellness Rx (E) - 199	$17.20	$445.00	No	$17.20
	WellCare Value Script (E) - 135	$18.70	$445.00	No	$17.60
	WellCare Classic (B) - 020	$30.50	$445.00	No	$0.00

* **Nationwide plans**

(B) = Basic drug benefit (see glossary)

(E) = Enhanced drug benefit (see glossary)

Key: NM – nonmember, M – member, TTY – teletypewriter

About Medicare Supplement (Medigap) policies

What is Medigap?

Medigap is another name for Medicare Supplement Insurance. With Original Medicare, Medicare beneficiaries must pay some of the costs (deductibles and co-insurance) of their medical care. Because of these gaps in Parts A and B coverage, private insurance companies sell Medicare Supplement Insurance policies, also known as Medigap. ***You must have Medicare Parts A and B to purchase a Medigap.***

If you are in Original Medicare (Parts A and B) and buy a Medigap policy, Medicare will pay its portion of the claim, then your Medigap policy will pay its portion.

Medigap policies are named by letter, Plan A through Plan N. (These are not to be confused with Medicare Parts A, B, C, and D; they are different.) Medigap benefits are standardized and regulated by the Division of Financial Regulation. ***A Medigap cannot pay if you also enroll in a Medicare Advantage plan.***

What do Medicare Supplement SELECT plans offer?

These are essentially limited versions of standardized Medigap insurance that cost less.

SELECT plans are almost identical to regular Medigap policies, but they limit which clinics, doctors, and hospitals are covered for nonemergency and nonurgent care.

If you use only the in-network providers, a SELECT plan can give you Medigap coverage at a lower cost. If you need an out-of-network specialist, Medicare will still pay for 80 percent of its predetermined amount, but your SELECT plan may not pay for any of the remaining 20 percent or deductibles.

What is a Medicare Supplement Innovative plan?

Medicare Supplement Innovative plans must follow federal and state laws and must be clearly identified as Medicare Supplement Insurance on the policy and attached documents. The insurance company can offer some additional benefits at no extra cost to the Medicare beneficiary. With the approval of the state, Innovative plan benefits cannot be used to change or reduce the standardized benefits, including a change of any cost-sharing provision.

Medicare Supplement Innovative plan benefits can include, but are not limited to:

- Nurse hotline
- Annual physical exam
- Preventive dental care
- Preventive vision care
- Routine hearing exam
- Drug discount card

If an insurance company offers the Innovative plan, the insurance company will determine which benefits are offered.

About Medicare Supplement (Medigap), continued

Policy costs differ

The monthly premium for the same policy varies by insurance company. Factors that affect premium rates include age, gender, health history, tobacco use, direct bill, electronic funds transfer (EFT), ZIP code, and, most importantly, the number of members in the insurance policy pool.

Areas

When a company states that its rates vary by ZIP code, the pool of members with that policy is divided into smaller sizes. Smaller pool groups may have more volatile premium increases because plans can increase rates once a year based on medical claims payments not by individuals, but for the entire membership pool. Plans may increase premiums only once in a 12-month period for the pool medical loss ratio.

Type

The majority of Medigap plans available in Oregon are attained age rated. This means your plan premium may also increase each year because you are a year older.

There are a couple of community rated plans and issue age rated plans available in Oregon. The community rated plan quits increasing premium cost due to age at 75 years old. The issue age rated plans never increase due to aging. Both may increase each year based on medical cost payments within the membership pool.

When can I buy a Medigap policy?

You can apply for a Medigap policy at any time. Insurance companies may consider your medical history (underwrite) and may refuse your application. *However, you are guaranteed a policy regardless of pre-existing conditions, during one of the protected periods below and listed on Page 35.*

- **Medigap open enrollment period:** Your open enrollment period for Medigap plans begins the day your Medicare Part B begins and ends six months later.
- **Guaranteed issue:** Certain special circumstances trigger guaranteed issue (GI) situations. At these times, you are entitled to purchase a Medigap plan with no underwriting. These GI protections last for 63 days. See Page 35 for all GI situations available.
- **Loss of Medicaid:** If you lose full Medicaid or Qualified Medicare Beneficiary (QMB) Medicaid eligibility, you have 63 days to buy a Medigap policy. You might want to do this to afford expensive medical treatments such as dialysis, chemotherapy treatments, and infused medications or immunosuppressants.
- **Your birthday:** In Oregon, if you are an existing Medigap policyholder, you have a 30-day shopping period with GI beginning on your birthday if you want to compare different companies' prices for the same (or lesser) Medigap benefits.

About Medicare Supplement (Medigap), continued

Medigap for enrollees younger than age 65

People younger than 65 who receive Medicare due to a disability and those with ESRD (permanent kidney failure) have additional opportunities for guaranteed issue open enrollment rights for Medigap insurance:

- When they turn 65, for six months.
- During the six-month period after a person receives notice of retroactive enrollment into Medicare. If a person younger than 65 applies for enrollment in Medicare Part B due to a disability – and is retroactively awarded Medicare – the initial six-month open enrollment period to elect a Medicare supplement without underwriting begins on the first day of the first month after receiving notice of retroactive enrollment.

Will I have to wait to use my Medigap?

Medigap policies can have a pre-existing conditions look-back/waiting period of up to six months before the policy will pay certain benefits or before the policy covers previously diagnosed conditions. On the plan rate pages, a 0/0, 6/6, or 2/6 refers to how many months back the company looks for pre-existing conditions and how many months you must wait before the Medigap policy will cover those pre-existing conditions. Not all companies' policies have waiting periods.

Medigap waiting periods

Can I get credit for my prior coverage?

If you apply for a Medigap policy that has a waiting period for pre-existing conditions during your open enrollment period, your previous insurance may qualify for credit.

Qualifying coverage must be from one of the following:

- Group or individual health care program, including an employer plan or COBRA policy
- Medicare or Medicaid
- Military-sponsored health care program
- Indian Health Service benefits
- Certain public health plans
- Federal Employees Health Benefits Program (FEHB)
- Peace Corps health benefit plan

TIPS & HINTS

Elder financial abuse is estimated to cost between $2.8 billion and $36.5 billion every year. Protect your Medicare number, check your statements for accuracy, and report any concerns of fraud or abuse.

About Medicare Supplement (Medigap), continued

Medigap coverage outside the United States

Except in limited situations, Medicare does not pay for health care services you get outside the U.S. However, Medigap plans C, D, F, F high deductible, G, G high deductible, M, and N will cover emergency care outside the U.S. in certain circumstances.

Medigap Plans C, D, E, F, F high deductible, G, G high deductible, M, and N pay 80 percent of the billed charges for certain medically necessary emergency care outside the U.S. after you meet the plan's deductible plus a $250 deductible for the year. These Medigap policies cover foreign travel emergency care if it begins during the first 60 days of your trip, and if Medicare does not otherwise cover the care, but would if the policyholder had been in the U.S. Foreign travel emergency coverage with Medigap policies has a lifetime limit of $50,000. The intent of this benefit is not to provide robust coverage. Anyone planning on extensive traveling should research travel insurance. Remember, when traveling on a cruise ship, you are in a foreign country. Cruise ships sail under foreign flags.

The rates published on Pages 39-46 are starting rates at the time of publication. They are the lowest rate available in the state and include rate factors such as gender, ZIP code, nonsmoking status, or electronic funds transfer (EFT). Contact the insurance companies for specific individual quotes.

TIPS & HINTS

Ask questions – ask your provider or plan*:

WHEN you don't understand the charges billed

WHEN you don't think you received the service

WHEN you think the service was unnecessary

*If your provider or plan does not help you, contact your local Senior Medicare Patrol at 855-673-2372 (toll-free).

Guaranteed Issue	Medigap plan choices
You joined a Medicare Advantage plan (not an MSA) or PACE program **when you were first enrolled in Medicare, but within the first 12 months of joining the plan,** you want to leave. (N)	ALL PLANS
You are awarded retroactive Medicare enrollment due to disability. The six-month open enrollment period begins on the first day of the first month after you receive written notice of retroactive enrollment. (OR)	ALL PLANS
You terminated a Medigap policy to enroll in a Medicare Advantage (MA) plan, Medicare Select policy, or PACE program **for the first time** and now you want to terminate the MA plan **after no more than 12 months of enrollment.** (N)	Original plan. If not available then ALL PLANS
Your Medicare Advantage plan or PACE program coverage ends because the plan is leaving the Medicare program or stops giving care in your area.* (N)	ALL PLANS
Your employer group health plan coverage (including COBRA and retiree coverage) (N/OR), or Medicaid (OR), terminates or ceases to provide all health benefits.	ALL PLANS
You are enrolled under a Medigap policy and the enrollment ceases because of insolvency of the company or other involuntary termination of coverage or enrollment under the policy.	Same plan as current policy or one with fewer benefits
Your employer group health plan, Medicare Advantage plan, PACE, Medigap, or Medicare SELECT health coverage ends because you move out of the plan's service area.* (N)	ALL PLANS
You leave any plan — Medicare Advantage plan, PACE, Medicare SELECT, or Medigap — because the plan committed fraud. For example, marketing materials were misleading or quality standards were not met.* (N)	ALL PLANS
Your Medicare SELECT insurer had its certification terminated, stopped offering the plan in your area, substantially violated a material provision of the organization's contract in relation to the individual, or misrepresented the plan's provisions.* (N)	ALL PLANS
Birthday rule. You are a current Medigap policyholder wanting to change to a different Medigap insurance company within 30 days following your birthday. (OR) https://healthcare.oregon.gov/shiba/medicare-65/Pages/medigap.aspx. Does not apply to retiree group policies (e.g., PERS).	Same plan as current policy or one with fewer benefits

*63-day deadline; (N) National rule; (OR) Oregon-only rule

What Medigap plans cover

Medigap plans help pay the deductibles, co-payments, and co-insurance in Medicare Parts A and B. These standardized plans offer the same benefits from company to company. **Costs may vary by ZIP code; call for a rate quote. Rate comparisons begin on Page 39.**

Original Medicare Gaps	A	B	*C	D	*F	*F High	G	G High	K	L	M	N
Hospital cost share — Cost share for days 61-90 ($352 a day) and days 91-150 ($704 a day); payment in full for 365 additional lifetime days. See Page 8 for details.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B co-insurance — Covers the 20 percent co-insurance for Part B services. See Page 9 for details.	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓**
First three pints of blood, per calendar year.	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Hospice care — Co-insurance for respite care and other Part A-covered services.	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Hospital (Part A) deductible Covers deductible in each benefit period. ($1,408 in 2020)		✓	✓	✓	✓	✓	✓	✓	50%	75%	50%	✓
Skilled Nursing Facility (SNF) daily co-insurance — Covers co-insurance ($176 per day) for days 21-100 each benefit period			✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part B deductible — Covers the annual deductible. ($198 in 2020)			✓		✓							
Part B excess charges — Covers the 15 percent excess charge when a physician or hospital does not accept Medicare's full charge as payment in full.					✓	✓	✓	✓				
Emergency care outside the United States — See Page 34 for more information.			80%	80%	80%	80%	80%	80%			80%	80%
Out-of-pocket maximum — Pays 100 percent of Parts A and B co-insurance after annual out-of-pocket maximum has been spent.	(At time of printing, 2021 out-of-pocket maximum and high deductible information was not available)							$2,340 (2020)	$5,880 (2020)	$2,940 (2020)		
High deductible — Once you have paid the deducible in cost sharing, the coverage will begin.						$2,340 (2020)		$2,340 (2020)				

* In accordance with the Medicare Access and CHIP Reauthorization Act of 2015, effective Jan. 1, 2020, Plan C, F, and FH are not available to "newly eligible" Medicare applicants.

** Pays the Part B co-insurance, except you pay up to a $20 co-pay per physician visit and a $50 co-pay per emergency room visit.

Medicare Supplement (Medigap) policy information

Insurer	Phone	Website	Available Plan Types	Rate Factors
Cigna Life and Health Ins. Co.	855-891-9368	cigna.com/medicare/supplemental/	A, F, FH, G, N	Preferred female, bank draft, rates very by ZIP.
Colonial Penn Life Ins. Co.	800-800-2254	bankerslife.com/products/medicare-supplement/insurance/	A, B, F, FH, G, GH, K, L, M, N, D	Preferred female, bank draft
Continental Life Ins. Co. of Brentwood, Tennessee	800-264-4000	aetnaseniorproducts.com	A, B, F, FH, G, N	Preferred female, rates vary by ZIP, HH
Everence Association, Inc.	800-348-7468	everence.com	A, C, F, G, L, N	Female nonsmoker
First Health Life & Health Ins. Co.	855-369-4835	aetnaseniorproducts.com	A, B, F, G, N	Female nonsmoker, rates vary by ZIP
Garden State Life Ins. Co	844-639-3648	slaico.americannational.com	A, F, G, GH, M, N	Non-smoker, rates vary by ZIP, HH
Globe Life and Accident Ins. Co.	800-801-6831	globecaremedsupp.com	A, B, C, F, FH, G, GH, N	Female non-smoker, rates vary by ZIP
GPM Health and Life Ins. Co.	877-844-1036	gpmhealthandlife.com	A, F, G, N	Female nonsmoker, rates vary by ZIP, HH
Humana Healthly Living	800-866-0581	humana.com	A(I), F(I), FH(I), K(I), N(I)	Preferred female, rates vary by ZIP, HH
Humana Ins. Co.	800-866-0581	humana.com	A, B, C, F, FH, G, GH, K, L, N	Preferred female, rates vary by ZIP, HH
Individual Assurance Co., Life, Health & Accident	844-502-6780	iaclife.com	A, F, G, N	Female nonsmoker, rates vary by ZIP, HH
Loyal American Life Ins. Co.	866-459-4272	cignasupplementalbenefits.com	A, B, C, D, F, G, N	Preferred female, rates vary by ZIP, HH
Lumico Life Ins. Co.	800-750-2407	lumico.com	A, F, G, N	Female preferred, rates vary by ZIP, HH
The Manhattan Life Ins. Co.	800-877-7703	manhattanlife.com/Individuals/Policies/MedicareSupplement.aspx	A, C, F, G, N	Preferred female, rates vary by ZIP, HH
Moda Health Plan, Inc.	877-277-7073	modahealth.com	A, F, FH, G, GH, N	Preferred female
National Health Ins. Co.	844-961-9544	natgenhealth.com	A, F, FH, G, N	Preferred female, rates vary by ZIP, HH

Key: I (Innovative), S (SELECT), PAC (preauthorized check), EFT (electronic funds transfer), FH (F High), GH (G High), HH (Household discount)

See Pages 31-36 for more information on Medigap plans.

Medicare Supplement (Medigap) policy information, continued

Insurer	Phone	Website	Available Plan Types	Rate Factors
Omaha Ins. Co.	800-667-2937	mutualofomaha.com	A, F, FH, G, GH, N	Female nonsmoker, EFT, rates vary by ZIP, HH
Oxford Life Ins. Co.	866-641-9999	www.oxfordlife.com	A, F, G, N	Female nonsmoker, PAC, rates vary by ZIP
Puritan Life Ins. Co. of America	888-474-9519	puritanlifeinsurance.com/medsupp	A, F, G, N	Female preferred, rates vary by ZIP, HH
Regence BlueCross BlueShield of Oregon	844-734-3623	or.regence.com	A, C, F, G, K, N	EFT, nonsmoker, HH
Sentinel Security Life Ins. Co.	800-247-1423	sslco.com	A, B, C, D, F, N	Female nonsmoker, rates vary by ZIP
State Farm Mutual Automobile Ins. Co.	866-855-1212	statefarm.com/insurance/health/medsupp.asp	A, C, D, F, G, N	Female nonsmoker, territory 1, contact local agent, rates vary by ZIP
State Mutual Ins. Co.	844-212-0475	statemutualinsurance.com	A, B, C, D, F, FH, G, M, N	Preferred females, rates vary by ZIP
Thrivent Financial for Lutherans	800-595-6589	thrivent.com	A, B, C, D, F, FH, G, L, M	Nonsmoker, PAC, rates vary by ZIP
Transamerica Life Ins. Co.	800-752-9797	transamerica.com	A, B, C, D, F, G, K, L, M, N	Female nonsmoker, PAC
United American Ins. Co.	800-755-2137	unitedamerican.com	A, B, C, D, F, FH, G, GH, K, L, N	Preferred female
United Commercial Travelers of America (The Order of)	800-848-0123	uct.org	A, F, G, N	Female nonsmoker, EFT, rates vary by ZIP
UnitedHealthcare Ins. Co. (AARP)	800-523-5800	aarpmedicaresupplement.com	A, B, C, F, G, G(S), K, L, N, N(S)	Nonsmoker, EFT, HH
USAA Life Ins. Co.	800-515-8687	usaa.com	A, F, G, N	Nonsmoker, PAC

To find a local Medicare agent, visit our Agent Locator Tool at healthcare.oregon.gov/Pages/find-help.aspx. The tool also is described on Page 4.

Key: I (Innovative), S (SELECT), PAC (preauthorized check), EFT (electronic funds transfer), FH (F High), GH (G High), HH (Household discount)

See Pages 31-36 for more information on Medigap plans.

Medigap policies by plan type

Key: A - Attained age, C - Community rated, I - Issue age, Unk - Unkown
Pre-ex LB/WP - Pre-existing look back/waiting periods explained on Page 33.

Plan A

Insurance Company Name	Age at time of purchase					Effective Date	Pre-ex LB/ WP	Type	Application fee	Member. Require.
	0-65	70	75	80	85					
Cigna Life and Health Ins. Co.	$209	$235	$286	$340	$404	09/17/20	6/6	A	None	No
Colonial Penn Life Ins. Co.	$212	$260	$316	$368	$419	01/01/21	0/0	A	None	No
Continental Life Ins. Co. of Brentwood, Tennessee	$154	$175	$204	$225	$240	06/01/20	0/0	A	$20	No
Everence Association, Inc.	$148	$160	$168	$178	$186	04/01/20	0/0	A	None	Yes
First Health Life & Health Ins. Co.	$120	$137	$153	$162	$168	04/01/20	0/0	A	None	No
Garden State Life Insurance Co.	$149	$164	$193	$226	$263	01/01/20	0/0	A	None	No
Globe Life & Accident Ins. Co.	$105	$142	$152	$153	$153	06/15/20	2/2	A	None	No
GPM Health and Life Ins. Co.	$179	$197	$238	$281	$321	10/01/20	0/0	A	$25	No
Humana Healthy Living (Innovative)	$159	$186	$213	$241	$264	04/01/20	6/3	A	None	No
Humana Ins. Co.	$140	$165	$192	$218	$240	11/01/19	6/3	A	None	No
Individual Assurance Co., Life, Health & Accident	$230	$259	$298	$332	$365	03/01/20	0/0	A	$25	No
Loyal American Life Ins. Co.	$126	$143	$170	$193	$210	02/01/20	6/6	A	None	No
Lumico Life Ins. Co.	$137	$156	$187	$213	$235	11/01/20	0/0	A	$25	No
Manhattan Life Ins. Co. (The)	$190	$214	$246	$277	$307	02/01/21	0/0	A	$25	No
Moda Health Plan	$110	$130	$155	$173	$190	01/01/21	6/6	A	None	No
National Health Ins. Co.	$146	$155	$179	$208	$240	06/01/20	0/0	A	$25	No
Omaha Ins. Co.	$155	$178	$215	$248	$290	11/01/19	0/0	A	None	No
Oxford Life Ins. Co.	$148	$176	$209	$228	$238	06/15/20	0/0	A	None	No
Puritan Life Ins. Co. of America	$125	$127	$148	$171	$191	02/01/20	0/0	A	$25	No
Regence BlueCross BlueShield of Oregon	$132	$151	$182	$241	$246	01/01/20	0/0	A	None	No
Sentinel Security Life Ins. Co.	$181	$207	$232	$254	$270	01/01/20	0/0	A	$25	No
State Farm Mutual Automobile Ins. Co.	$197	$226	$253	$277	$297	02/01/21	0/0	A	None	No
State Mutual Ins. Co.	$176	$209	$248	$282	$307	07/01/20	0/0	A	None	No
Thrivent Financial for Lutherans	$115	$136	$157	$167	$171	03/01/20	0/0	A	None	No

See Pages 31-36 for more information on Medigap plans.

Medigap policies by plan type, continued

Key: A - Attained age, C - Community rated, I - Issue age,
Pre-ex LB/WP - Pre-existing look back/waiting periods explained on Page 33.

	Insurance Company Name	Age at time of purchase					Effective Date	Pre-ex LB/ WP	Type	Application fee	Member. Require.
		0-65	70	75	80	85					
Plan A	Transamerica Life Ins. Co.	$128	$160	$195	$230	$259	11/01/20	6/6	I	None	No
	United American Ins. Co.	$94	$113	$120	$120	$120	01/15/20	2/2	A	None	No
	United Commercial Travelers of America (The Order of)	$176	$220	$257	$283	$302	12/01/19	0/0	A	None	Yes
	UnitedHealthcare Ins. Co. (AARP)	$80	$88	$165	$165	$165	01/01/20	3/3	C	None	Yes
	USAA Life Ins. Co.	$138	$161	$192	$223	$246	07/01/20	0/0	A	None	No
Plan B	Colonial Penn Life Ins. Co.	$171	$208	$252	$293	$336	01/01/20	0/0	A	None	No
	Continental Life Ins. Co. of Brentwood, Tennessee	$195	$220	$258	$283	$302	06/01/20	0/0	A	$20	No
	First Health Life & Health Ins. Co.	$137	$160	$182	$200	$215	04/01/20	0/0	A	None	No
	Globe Life & Accident Ins. Co.	$157	$207	$229	$234	$234	06/15/20	2/2	A	None	No
	Humana Ins. Co.	$152	$180	$208	$237	$262	11/01/19	6/3	A	None	No
	Loyal American Life Ins. Co.	$147	$167	$198	$225	$245	02/01/20	6/6	A	None	No
	Sentinel Security Life Ins. Co.	$218	$250	$283	$315	$340	01/01/21	0/0	A	$25	No
	State Mutual Ins. Co.	$205	$244	$289	$329	$358	07/01/19	0/0	A	None	No
	Thrivent Financial for Lutherans	$116	$139	$164	$182	$193	03/01/20	0/0	A	None	No
	Transamerica Life Ins. Co.	$168	$212	$258	$304	$342	11/01/20	6/6	I	None	No
	United American Ins. Co.	$149	$185	$202	$205	$205	01/15/20	2/2	A	None	No
	UnitedHealthcare Ins. Co. (AARP)	$129	$142	$264	$264	$264	01/01/20	3/3	C	None	Yes
Plan C	Everence Association, Inc.	$214	$253	$284	$307	$326	04/01/20	0/0	A	None	Yes
	Globe Life & Accident Ins. Co.	$180	$232	$265	$280	$280	06/15/20	2/2	A	None	No
	Humana Ins. Co.	$206	$244	$282	$321	$354	11/01/19	6/3	A	None	No
	Loyal American Life Ins. Co.	$181	$206	$248	$281	$307	02/01/20	6/6	A	None	No
	Manhattan Life Ins. Co. (The)	$252	$282	$328	$380	$441	02/01/21	0/0	A	$25	No
	Moda Health Plan	$170	$200	$239	$268	$294	12/01/19	6/6	A	None	No
	Regence BlueCross BlueShield of Oregon	$192	$219	$266	$312	$358	01/01/20	0/0	A	None	No
	Sentinel Security Life Ins. Co.	$268	$307	$350	$392	$426	01/01/21	0/0	A	$25	No
	State Farm Mutual Automobile Ins. Co.	$166	$210	$243	$273	$285	02/01/20	0/0	A	None	No

See Pages 31-36 for more information on Medigap plans.

Medigap policies by plan type, continued

Key: A - Attained age, C - Community rated, I - Issue age,
Pre-ex LB/WP - Pre-existing look back/waiting periods explained on Page 33.

	Insurance Company Name	Age at time of purchase					Effective Date	Pre-ex LB/ WP	Type	Application fee	Member. Require.
		0-65	70	75	80	85					
Plan C	State Mutual Ins. Co.	$246	$292	$351	$399	$435	07/01/20	0/0	A	None	No
	Thrivent Financial for Lutherans	$137	$162	$192	$225	$257	03/01/20	0/0	A	None	No
	Transamerica Life Ins. Co.	$199	$250	$305	$359	$405	11/01/20	6/6	I	None	No
	United American Ins. Co.	$151	$189	$214	$234	$234	01/15/20	2/2	A	None	No
	UnitedHealthcare Ins. Co. (AARP)	$149	$164	$305	$305	$305	01/01/20	3/3	C	None	Yes
Plan D	Colonial Penn Life Ins. Co.	$121	$156	$200	$241	$266	01/01/20	0/0	A	None	No
	Loyal American Life Ins. Co.	$154	$175	$208	$236	$257	02/01/20	6/6	A	None	No
	Sentinel Security Life Ins. Co.	$217	$249	$285	$320	$349	01/01/21	0/0	A	$25	No
	State Farm Mutual Automobile Ins. Co.	$142	$174	$205	$233	$259	02/01/20	0/0	A	None	No
	State Mutual Ins. Co.	$215	$256	$303	$345	$375	7/01/20	0/0	A	None	No
	Thrivent Financial for Lutherans	$118	$142	$172	$204	$235	03/01/20	0/0	A	None	No
	Transamerica Life Ins. Co.	$168	$211	$257	$303	$342	11/01/20	6/6	I	None	No
	United American Ins. Co.	$146	$186	$214	$234	$234	01/15/20	2/2	A	None	No
Plan F	Cigna Life and Health Ins. Co.	$183	$206	$251	$298	$354	11/01/20	6/6	A	None	No
	Colonial Penn Life Ins. Co.	$233	$282	$342	$408	$480	01/01/20	0/0	A	None	No
	Continental Life Ins. Co. of Brentwood, Tennessee	$232	$260	$299	$324	$344	06/01/20	0/0	A	$20	No
	Everence Association, Inc.	$199	$216	$229	$248	$268	04/01/20	0/0	A	None	Yes
	First Health Life & Health Ins. Co.	$160	$188	$215	$240	$262	04/01/20	0/0	A	None	No
	Garden State Life Insurance Co.	$252	$277	$326	$381	$444	01/01/20	0/0	A	None	No
	Globe Life & Accident Ins. Co.	$182	$233	$266	$282	$282	06/15/20	2/2	A	None	No
	GPM Health and Life Ins. Co.	$233	$256	$310	$365	$417	10/01/20	0/0	A	$25	No
	Humana Healthy Living (Innovative)	$239	$279	$322	$364	$401	04/01/20	6/3	A	None	No
	Humana Ins. Co.	$210	$249	$288	$328	$362	11/01/19	6/3	A	None	No
	Individual Assurance Co., Life, Health & Accident	$272	$304	$354	$407	$468	03/01/20	0/0	A	$25	No
	Loyal American Life Ins. Co.	$183	$205	$246	$278	$301	02/01/20	6/6	A	None	No
	Lumico Life Ins. Co.	$183	$208	$250	$284	$314	11/01/20	0/0	A	$25	No

See Pages 31-36 for more information on Medigap plans.

Medigap policies by plan type, continued

Key: A - Attained age, C - Community rated, I - Issue age,
Pre-ex LB/WP - Pre-existing look back/waiting periods explained on Page 33.

	Insurance Company Name	Age at time of purchase					Effective Date	Pre-ex LB/ WP	Type	Application fee	Member. Require.
		0-65	70	75	80	85					
Plan F	Manhattan Life Ins. Co. (The)	$255	$285	$332	$384	$446	02/01/21	0/0	A	$25	No
	Moda Health Plan	$183	$216	$257	$289	$316	12/01/19	6/6	A	None	No
	National Health Ins. Co.	$189	$201	$232	$269	$311	05/01/20	0/0	A	$25	No
	Omaha Ins. Co.	$217	$249	$301	$346	$405	11/01/19	0/0	A	None	No
	Oxford Life Ins. Co.	$330	$390	$463	$535	$614	06/15/20	0/0	A	None	No
	Puritan Life Ins. Co. of America	$170	$172	$203	$241	$281	02/01/20	0/0	A	$25	No
	Regence BlueCross BlueShield of Oregon	$193	$247	$292	$328	$355	01/01/20	0/0	A	None	No
	Sentinel Security Life Ins. Co.	$274	$315	$359	$401	$437	01/01/21	0/0	A	$25	No
	State Farm Mutual Automobile Ins. Co.	$168	$212	$245	$276	$287	02/01/20	0/0	A	None	No
	State Mutual Ins. Co.	$255	$300	$359	$405	$439	7/01/20	0/0	A	None	No
	Thrivent Financial for Lutherans	$153	$181	$215	$252	$287	03/01/20	0/0	A	None	No
	Transamerica Life Ins. Co.	$200	$252	$307	$362	$408	11/01/20	6/6	I	None	No
	United American Ins. Co.	$187	$234	$264	$289	$289	01/15/20	2/2	A	None	No
	United Commercial Travelers of America (the order of)	$262	$320	$367	$397	$422	12/01/19	0/0	A	None	Yes
	UnitedHealthcare Ins. Co. (AARP)	$149	$164	$306	$306	$306	01/01/20	3/3	C	None	Yes
	USAA Life Ins. Co.	$159	$185	$221	$256	$283	07/01/20	0/0	A	None	No
Plan FH	Cigna Life and Health Ins. Co.	$45	$50	$61	$72	$86	11/1/20	6/6	A	None	No
	Colonial Penn Life Ins. Co.	$34	$41	$50	$59	$70	01/01/20	0/0	A	None	No
	Continental Life Ins. Co. of Brentwood, Tennessee	$89	$100	$115	$124	$132	06/01/20	0/0	A	$20	No
	Globe Life & Accident Ins. Co.	$42	$55	$69	$75	$75	06/15/20	2/2	A	None	No
	Humana Healthy Living (Innovative)	$71	$82	$93	$104	$113	04/01/20	6/3	A	None	No
	Humana Ins. Co.	$53	$63	$73	$83	$91	11/01/19	6/3	A	None	No
	Moda Health Plan	$41	$48	$58	$65	$71	12/01/19	6/6	A	None	No
	National Health Ins. Co.	$56	$60	$69	$80	$93	07/01/20	0/0	A	$25	No

See Pages 31-36 for more information on Medigap plans.

Medigap policies by plan type, continued

Key: A - Attained age, C - Community rated, I - Issue age,
Pre-ex LB/WP - Pre-existing look back/waiting periods explained on Page 33.

	Insurance Company Name	Age at time of purchase					Effective Date	Pre-ex LB/ WP	Type	Application fee	Member. Require.
		0-65	70	75	80	85					
Plan FH	Omaha Ins. Co.	$46	$53	$63	$73	$85	11/01/19	0/0	A	None	No
Plan FH	State Mutual Ins. Co.	$101	$118	$141	$159	$173	7/01/20	0/0	A	None	No
Plan FH	Thrivent Financial for Lutherans	$24	$29	$37	$44	$53	03/01/20	0/0	A	None	No
Plan FH	United American Ins. Co.	$27	$35	$44	$48	$48	01/15/20	2/2	A	None	No
Plan G	Cigna Life and Health Ins. Co.	$129	$145	$177	$210	$250	11/01/20	6/6	A	None	No
Plan G	Colonial Penn Life Ins. Co.	$157	$194	$240	$290	$344	01/01/20	0/0	A	None	No
Plan G	Continental Life Ins. Co. of Brentwood, Tennessee	$188	$210	$242	$262	$278	06/01/20	0/0	A	$20	No
Plan G	Everence Association, Inc.	$156	$169	$180	$193	$201	04/01/20	0/0	I	None	Yes
Plan G	First Health Life & Health Ins. Co.	$147	$173	$199	$223	$246	04/01/20	0/0	A	None	No
Plan G	Garden State Life Insurance Co.	$181	$199	$234	$274	$319	01/01/20	0/0	A	None	No
Plan G	Globe Life & Accident Ins. Co.	$160	$211	$244	$260	$260	06/15/20	2/2	A	None	No
Plan G	GPM Health and Life Ins. Co.	$184	$202	$244	$288	$329	10/01/20	0/0	A	$25	No
Plan G	Humana Ins. Co.	$197	$233	$270	$307	$339	01/01/20	6/3	A	None	No
Plan G	Individual Assurance Co.,Life, Health & Accident	$212	$240	$284	$329	$380	03/01/20	0/0	A	$25	No
Plan G	Loyal American Life Ins. Co.	$140	$159	$189	$215	$234	02/01/20	6/6	A	None	No
Plan G	Lumico Life Ins. Co.	$141	$161	$193	$220	$243	11/01/20	0/0	A	$25	No
Plan G	Manhattan Life Ins. Co. (The)	$182	$206	$244	$285	$333	02/01/21	0/0	A	$25	No
Plan G	Moda Health Plan	$165	$194	$232	$260	$285	12/01/19	6/6	A	None	No
Plan G	National Health Ins. Co.	$152	$161	$187	$217	$250	06/01/20	0/0	A	$25	No
Plan G	Omaha Ins. Co.	$155	$178	$214	$247	$289	11/01/19	0/0	A	None	No
Plan G	Oxford Life Ins. Co.	$151	$160	$185	$212	$242	06/15/20	0/0	A	None	No
Plan G	Puritan Life Ins. Co. of America	$136	$138	$166	$198	$233	02/01/20	0/0	A	$25	No
Plan G	Regence BlueCross BlueShield of Oregon	$164	$188	$227	$267	$306	01/01/20	0/0	A	None	No
Plan G	State Farm Mutual Automobile Ins. Co.	$142	$175	$205	$234	$259	02/01/20	0/0	A	None	No
Plan G	State Mutual Ins. Co.	$216	$257	$305	$347	$377	07/01/20	0/0	A	None	No
Plan G	Thrivent Financial for Lutherans	$118	$143	$172	$205	$236	03/01/20	0/0	A	None	No

See Pages 31-36 for more information on Medigap plans.

Medigap policies by plan type, continued

Key: A - Attained age, C - Community rated, I - Issue age,
Pre-ex LB/WP - Pre-existing look back/waiting periods explained on Page 32.

	Insurance Company Name	Age at time of purchase					Effective Date	Pre-ex LB/ WP	Type	Application fee	Member. Require.
		0-65	70	75	80	85					
Plan G	Transamerica Life Ins. Co.	$168	$211	$257	$303	$342	11/01/20	6/6	I	None	No
	United American Ins. Co.	$151	$192	$219	$240	$240	01/15/20	2/2	A	None	No
	United Commercial Travelers of America (The Order of)	$215	$268	$314	$345	$368	12/01/19	0/0	A	None	Yes
	UnitedHealthcare Ins. Co. (AARP)	$125	$137	$286	$286	$286	01/01/20	3/3	C	None	Yes
	UnitedHealthcare Ins. Co. (AARP) - S	$112	$184	$202	$257	$257	01/01/20	0/0	A	None	No
	USAA Life Ins. Co.	$121	$131	$157	$196	$251	07/01/20	3/3	C	None	Yes
Plan GH	Colonial Penn Life Ins. Co.	$35	$42	$51	$60	$71	02/01/20	0/0	A	None	No
	Garden State Life Insurance Co.	$58	$64	$75	$88	$102	01/01/20	0/0	A	None	No
	Globe Life & Accident Ins. Co.	$42	$55	$69	$75	$75	06/15/20	2/2	A	None	No
	Humana Ins. Co.	$50	$59	$69	$78	$86	01/01/20	6/3	A	None	No
	Moda Health Plan, Inc.	$38	$45	$53	$60	$66	01/01/20	6/6	A	None	No
	Omaha Ins. Co.	$42	$48	$58	$67	$79	11/01/19	0/0	A	None	No
Plan K	United American Ins. Co.	$27	$35	$44	$48	$48	01/15/20	2/2	A	None	No
	Colonial Penn Life Ins. Co.	$59	$72	$90	$110	$132	01/01/20	0/0	A	None	No
	Humana Healthy Living (Innovative)	$101	$117	$134	$150	$165	04/01/20	6/3	A	None	No
	Humana Ins. Co.	$82	$97	$112	$128	$141	11/01/19	6/3	A	None	No
	Regence BlueCross BlueShield of Oregon	$104	$119	$144	$169	$194	01/01/20	0/0	A	None	No
	Transamerica Life Ins. Co.	$75	$94	$115	$136	$153	08/01/19	6/6	I	None	No
	United American Ins. Co.	$89	$119	$132	$139	$139	01/15/20	2/2	A	None	No
	UnitedHealthcare Ins. Co. (AARP)	$43	$47	$88	$88	$88	01/01/20	3/3	C	None	Yes
Plan L	Colonial Penn Life Ins. Co.	$135	$161	$196	$235	$277	01/01/20	0/0	A	None	No
	Everence Association, Inc.	$93	$101	$108	$117	$126	04/01/20	0/0	I	None	Yes
	Humana Ins. Co.	$117	$138	$160	$181	$200	11/01/19	6/3	A	None	No
	Thrivent Financial for Lutherans	$84	$102	$123	$147	$169	03/01/20	0/0	A	None	No
	Transamerica Life Ins. Co.	$111	$140	$171	$201	$227	01/01/20	6/6	I	None	No
	United American Ins. Co.	$125	$167	$186	$195	$195	01/15/20	2/2	A	None	No
	UnitedHealthcare Ins. Co. (AARP)	$83	$91	$171	$171	$171	01/01/20	3/3	C	None	Yes

See Pages 31-36 for more information on Medigap plans.

Medigap policies by plan type, continued

Key: A - Attained age, C - Community rated, I - Issue age,
Pre-ex LB/WP - Pre-existing look back/waiting periods explained on Page 33.

	Insurance Company Name	Age at time of purchase					Effective Date	Pre-ex LB/ WP	Type	Application fee	Member. Require.
		0-65	70	75	80	85					
Plan M	Colonial Penn Life Ins. Co.	$155	$192	$239	$286	$334	01/01/20	0/0	A	None	No
Plan M	Garden State Life Insurance Co.	$149	$164	$193	$226	$263	01/01/20	0/0	A	None	No
Plan M	State Mutual Ins. Co.	$193	$230	$273	$311	$338	07/01/20	0/0	A	None	No
Plan M	Thrivent Financial for Lutherans	$111	$134	$161	$189	$215	03/01/20	0/0	A	None	No
Plan M	Transamerica Life Ins. Co.	$137	$173	$210	$248	$279	11/01/20	6/6	I	None	No
Plan N	Cigna Life and Health Ins. Co.	$97	$118	$143	$170	$202	11/01/20	6/6	A	None	No
Plan N	Colonial Penn Life Ins. Co.	$86	$111	$142	$176	$215	01/01/20	0/0	A	None	No
Plan N	Continental Life Ins. Co. of Brentwood, Tennessee	$157	$178	$208	$229	$244	06/01/20	0/0	A	None	Yes
Plan N	Everence Association, Inc.	$91	$109	$123	$135	$144	04/01/20	0/0	A	None	No
Plan N	First Health Life & Health Ins. Co.	$102	$121	$140	$158	$175	04/01/20	0/0	A	None	No
Plan N	Garden State Life Insurance Co.	$252	$277	$326	$381	$444	01/01/20	2/2	A	None	No
Plan N	Globe Life & Accident Ins. Co.	$135	$179	$210	$227	$227	06/15/20	0/0	A	$25	No
Plan N	GPM Health and Life Ins. Co.	$141	$155	$187	$221	$252	10/01/20	6/3	A	None	No
Plan N	Humana Healthy Living (Innovative)	$147	$171	$196	$221	$242	04/01/20	6/3	A	None	No
Plan N	Humana Ins. Co.	$122	$144	$167	$190	$209	11/01/19	0/0	A	$25	No
Plan N	Individual Assurance Co., Life, Health & Accident	$168	$190	$225	$263	$308	03/01/20	6/6	A	None	No
Plan N	Loyal American Life Ins. Co.	$122	$137	$164	$185	$201	02/01/20	0/0	A	$25	No
Plan N	Lumico Life Ins. Co.	$111	$126	$151	$172	$190	11/01/20	0/0	A	$25	No
Plan N	Manhattan Life Ins. Co. (The)	$148	$167	$197	$233	$275	02/01/21	6/6	A	None	No
Plan N	Moda Health Plan	$132	$155	$185	$208	$228	01/01/20	0/0	A	$25	No
Plan N	National Health Ins. Co.	$121	$129	$149	$173	$199	06/01/20	0/0	A	None	No
Plan N	Omaha Ins. Co.	$111	$127	$153	$177	$207	11/01/19	0/0	A	None	No
Plan N	Oxford Life Ins. Co.	$110	$132	$158	$186	$220	06/15/20	0/0	A	None	No
Plan N	Puritan Life Ins. Co. of America	$96	$112	$132	$148	$180	02/01/20	0/0	A	$25	No
Plan N	Regence BlueCross BlueShield of Oregon	$140	$160	$194	$227	$261	01/01/20	0/0	A	$25	No

See Pages 31-36 for more information on Medigap plans.

Medigap policies by plan type, continued

Key: A - Attained age, C - Community rated, I - Issue age,
Pre-ex LB/WP - Pre-existing look back/waiting periods explained on Page 33.

Plan N

Insurance Company Name	Age at time of purchase					Effective Date	Pre-ex LB/ WP	Type	Application fee	Member. Require.
	0-65	70	75	80	85					
Sentinel Security Life Ins. Co.	$176	$203	$232	$261	$286	01/01/21	0/0	A	None	No
State Farm Mutual Automobile Ins. Co.	$108	$132	$157	$181	$205	02/01/20	0/0	A	None	No
State Mutual Ins. Co.	$179	$210	$251	$284	$307	07/01/20	6/6	I	None	No
Transamerica Life Ins. Co.	$129	$162	$198	$233	$263	11/01/20	2/2	A	None	No
United American Ins. Co.	$140	$179	$206	$229	$229	01/15/20	0/0	A	None	Yes
United Commercial Travelers of America (The Order of)	$180	$220	$253	$273	$290	12/01/19	3/3	C	None	Yes
UnitedHealthcare Ins. Co. (AARP)	$100	$110	$206	$206	$206	01/01/20	3/3	C	None	Yes
UnitedHealthcare Ins. Co. (AARP) - S	$90	$99	$200	$200	$200	01/01/20	0/0	A	None	No
USAA Life Ins. Co.	$107	$125	$149	$173	$191	07/01/20	0/0	A	None	No

See Pages 31-36 for more information on Medigap plans.

Medigap vs. Medicare Advantage comparison chart

Original "Fee-for-Service" Medicare with a Medigap (Example: Plan G)	Comparison point:	Medicare Advantage: HMO, PPO, or PFFS (Private Medicare Plans)
Must have Parts A and B. Companies may deny, but must accept all applicants, all ages, during Medigap open enrollment and guaranteed issue periods. (refer to page 35)	Eligibility	Must have Parts A and B and live in service area. Takes all applicants.
Premium may vary with gender and health, and may go up with age. Companies may underwrite (add to premium). No co-pay costs, with some exceptions, at time of service. Out-of-pocket maximum for K and L only.	Costs: Premiums, co-pay, co-insurance, and out-of-pocket max	All plan members pay same premium, regardless of age, gender, or health. Cost sharing (co-pays) must be paid for most medical services. Plans have an out-of-pocket annual maximum.
No network: Go to any provider that accepts Medicare. No referrals required for specialist visits. May be hard to find providers accepting new patients with Original Medicare in some areas. May be used for treatments at specialty medical facilities, such as Mayo Clinics, OHSU, etc.	Provider choice and availability Always ask your providers what insurance they accept	Maintain provider networks; they must have available providers in order to accept new members. **HMOs:** Generally cover in-network only. Referrals may be required for specialist visits. **PPOs:** Cover out-of-network, but then costs may be higher. No referrals required. **MSAs: No provider network. Provides funds to use during deductible.**
Not included. If you want drug coverage, you may enroll in any stand-alone Medicare prescription drug plan available.	Prescription drug coverage To make sure your plan covers your drug, use medicare.gov	If you want drug coverage, you must enroll in the drug coverage bundled with the **HMO** or **PPO** plan (VA-eligible excepted). With MSAs, you may choose a stand-alone Medicare prescription drug plan.
Yes, guaranteed renewable, as long as you pay the premium and the application was correct. Benefits never change. No election season for Medigaps. May change company each year on birthday with guaranteed issue.	Is it renewable?	No, benefits may change yearly. However, you usually remain in a plan unless you disenroll at election times or your plan terminates in your area.
Covers only same as Original Medicare. No routine dental, vision, except "Innovative" plans; no alternative medicine.	Extras	Some plans include routine dental, hearing, or vision. Some offer additional alternative therapy coverage or gym memberships.
Good for travelers or "snow birds." May save money for people needing high-cost or frequent care. Customize elements of your Medicare picture – choose doctors and drug plan.	For whom it may be best	Network plans may be good for people who otherwise can't find a Medicare provider. May save money unless you need frequent appointments or treatments. Having a packaged plan may simplify choices.
Because Medigaps are standardized, price and customer service are the only difference. Try calling a few competitively priced plans. Regulated by Division of Financial Regulation. Use shiba.oregon.gov to view rate increase histories of the Medicare supplement plans.	How to comparison shop Who regulates it?	Plans are not standardized. To compare, see Pages 56-87 of this guide or the medicare.gov Plan Finder. Plans regulated by Medicare; agents licensed by Division of Financial Regulation.

About Medicare Advantage plans

Medicare Advantage

Private insurance companies contract with Medicare to offer coordinated care and private fee-for-service health insurance plans. Medicare pays these plans to provide all your Medicare-approved services. When you join a Medicare Advantage (MA) plan, you agree to that plan's terms and conditions.

- You will receive the same benefits as in Original Medicare, but not at the same payment rates.
- You will still pay the Part B premium, plus a premium to the plan (unless the plan has a $0 premium) and co-payments or co-insurance for certain services.
- Medicare Advantage plans may offer additional coverage, such as routine annual physicals, preventive vision, or dental.

Medicare Advantage plans renew their contracts annually with the Centers for Medicare and Medicaid Services (CMS). This means the policies are not guaranteed renewable. However, if you join a plan that decides to not renew its contract with CMS, you have protection under the law that enables you to join another plan or purchase a Medigap policy.

Where you live (based on your ZIP code) often determines which Medicare Advantage plans are available to you.

You can find out if a plan covers your area by calling the company or by reviewing the plans on Medicare's website, medicare.gov, or the chart on Page 55.

Who can join a Medicare Advantage plan?

Anyone who has both Medicare Part A and Part B and lives in the plan's service area can join a plan.

Medicare Advantage election periods and enrollment actions

If you take more than one action during any of the enrollment periods, the last action received by Medicare before the effective date ends the enrollment period. You may join, leave, or switch Medicare Advantage plans during:

- Initial enrollment period (IEP) when you are new to Medicare; usually the three months before, the month of and three months after your 65th birthday.
- Annual enrollment period (AEP), Oct. 15 to Dec. 7, also referred to as Fall Open Enrollment. Enroll in your new plan; you will be automatically disenrolled from your old plan.

Special enrollment periods (SEP)

Special enrollment periods are opportunities to make plan changes outside of the standard enrollment periods.

About Medicare Advantage plans, **continued**

- Moving permanently outside your plan's service area.
- Qualifying for any limited-income assistance.

SEPs are generally 60 days, but may vary. At these times, you may use your SEP to:

- Join a different Medicare Advantage plan.
- Switch to using only Original Medicare.
- Switch to Original Medicare and purchase a Medigap. Insurance companies may require that you undergo underwriting unless you have guaranteed issue.

Star-rated SEPs – Medicare uses a star rating system based on complaints that they receive. Five stars is excellent and one star is poor.

- Five-star SEP – You may enroll in a plan with five stars once per year from Dec. 8 to Nov. 30, if available.
- Low-performing plan SEP – If you are in a low-performing plan you will receive a letter in late October. You must call 800-MEDICARE or SHIBA to enroll in another plan.

Medicare Advantage open enrollment period (MA OEP)

The MA OEP is from Jan. 1 to March 31 OR if you're new to Medicare and in the first 3 months of an MA plan. Your coverage will start the first day of the month after you enroll. You must have an MA plan on Jan. 1 to use this enrollment period.

You can:

- Switch MA plans (with or without drug coverage)
- Enroll in a stand-alone Part D plan (which returns you to Original Medicare.)
- Getting Part D is not guaranteed unless you were in an MA plan on Jan. 1
- There is only one change during this enrollment period

You can not:
You cannot switch from one stand-alone PDP to another stand-alone PDP.

Help comparing plans

A SHIBA counselor can help you understand plan options and plan rules, such as how and when you may make changes.

For a SHIBA contact in your area:

- Call 800-722-4134 (toll-free)
- Visit shiba.oregon.gov
- Call 800-MEDICARE (800-633-4227)

Choosing a Medicare Advantage plan

How do I select a plan?

- **What plans are offered in my area?**

  Refer to the by-county chart on Page 55 to see which plans are available to you.

- **Will my doctor and hospital accept the plan?**

  Ask the business offices of your doctors and hospital if they are in the network for a plan you are considering. Even though a plan may be offered in your area, providers **do not** have to participate. In some plans, if your doctor is not part of the preferred network, you will have to pay more to see that doctor. It is **very important** to know if the plan you are considering includes your doctors and hospital of choice.

  Call for the above information yourself. Webpages and printed materials can be incorrect and an agent wanting to sell you a plan may be misinformed.

- **Can I afford the plan?**

  Make sure you understand the coverage, including premiums and co-pays. The plan description pages list some of your costs. Here are some of the words you need to understand:

– Premiums: The amount you pay monthly for a plan. In a few cases there are plans with a $0 premium.

– Deductible: The amount you pay before the plan starts paying (some exceptions apply).

– Maximum out-of-pocket costs: This is the most you would have to pay in a year for covered services, excluding the premium and Part D drugs, before the plan starts paying 100 percent.

Caution: Not all covered services may count toward the out-of-pocket maximum.

– Co-pays: A fixed amount you pay for a service.

– Co-insurance: A percentage of the cost of a service.

Prescription drug coverage

- **Do I want prescription drug coverage with my Medicare Advantage plan?**

  Most HMO/PPO plans include integrated prescription drug coverage (MAPD). Your drug coverage **must** be this “bundled” package.

  MSA plans allow you to choose a stand-alone prescription drug pla.

Exception: If you have VA drug coverage available, you can use it with the health-only MA plan, if the plan allows.

What's a Medicare MSA plan?

Medicare works with private insurance companies to offer you ways to get your health care coverage. These companies can choose to offer a consumer-directed Medicare Advantage plan, called a Medicare MSA plan. These plans are similar to health savings account plans available outside of Medicare. You can choose your health care services and providers.

Medicare MSA plans have two parts

Medicare MSA plans combine a high-deductible insurance plan with a medical savings account that you can use to pay for your health care costs.

1. High-deductible health plan: The first part is a special type of high-deductible Medicare Advantage plan (Part C). The plan will begin to cover your costs only once you meet a high yearly deductible, which varies by plan.

2. Medical Savings Account (MSA): The second part is a special type of savings account. The Medicare MSA plan deposits money into your account. You can use money from this savings account to pay your health care costs before you meet the deductible.

About Medicare Advantage dental coverage

Original Medicare ***does not*** cover routine dental care. There are limited dental services you may get when you are in the hospital, but these are rare.

Some Medicare Advantage (MA) plans have dental coverage included in the plan or as an additional rider. Other MA plans choose to cover preventive care, such as cleanings and X-rays, up to a capped limit.

For more information, contact the plan. Contact SHIBA for a list of stand-alone dental plans or for other community resources go to oregondental.org.

Medicare Advantage plan types:

HMO: Health Maintenance Organization

HMO-POS: HMO with Point-of-Service option

PFFS: Private Fee-for-Service plan (not available in Oregon)

PPO: Preferred Provider Organization

SNP: Special Needs Plan

MSA: Medicare Medical Savings Account

(See Glossary for definitions)

Be suspicious of anyone who offers you "free" genetic testing and then requests your Medicare number. If your personal information is compromised, it may be used in other fraud schemes. A physician who you know and trust should assess your condition and approve any requests for genetic testing.

Medicare Special Needs Plans (SNPs)

These are specially designed HMO - MA plans with membership limited to certain groups of people: Those who have both Medicare and Medicaid (dual eligible) or also reside in institutions such as nursing homes.

We currently do not have any chronic and disabling condition plans.

Dual eligible (Medicaid)		
Company / plan	**Contact information**	**Available counties**
ATRIO Health Plans H3814-007 ATRIO Special Needs Plan (HMO SNP)	Nonmember and member 877-672-8620; TTY 800-735-2900 atriohp.com	Douglas, Klamath
ATRIO Health Plans H5995-001 ATRIO Special Needs Plan (Willamette) (HMO SNP)		Marion, Polk
CareOregon Advantage H5859-001 CareOregon Advantage Plus (HMO-POS SNP)	Nonmember and member 888-712-3258; TTY 711 careoregonadvantage.org	Clackamas, Columbia, Jackson, Multnomah, Tillamook, Washington,
Providence Health Assurance H9047-043 Providence Medicare Dual Plus (HMO SNP)	Nonmember and member 888-226-7338; TTY 711 ProvidenceHealthAssurance.com	Clackamas, Multnomah, Washington
Samaritan Advantage Health Plan H3811-003 Samaritan Advantage Special Needs Plan (HMO SNP)	Nonmember and member 888-995-6704; TTY 800-735-2900 medicare.samhealthplans.org	Benton, Lincoln, Linn
Trillium Advantage H2174-001 Trillium Advantage Dual (HMO SNP)	Nonmember 877-826-5519, member 844-867-1156; TTY 711 trilliumadvantage.com	Lane

Institutional (Nursing homes or skilled nursing facilities)		
AgeRight Advantage Health Plan H1372-001 AgeRight Advantage Health Plan (HMO SNP)	Nonmember and member 844-854-6885; TTY 711 agerightadvantage.com	Clackamas, Klamath, Lane, Marion, Multnomah, Washington, Yamhill
UnitedHealthcare H0710-036 UnitedHealthcare Nursing Home Plan 2 (PPO SNP)	Nonmember 888-834-3721, member 800-393-0993, TTY 711 uhcmedicaresolutions.com	Benton, Clackamas, Lane, Linn, Marion, Multnomah, Washington, Yamhill
UnitedHealthcare H0710-037 UnitedHealthcare Assisted Living Plan 2 (PPO SNP)		Benton, Clackamas, Linn, Marion, Multnomah, Washington, Yamhill
UnitedHealthcare H2228-017 UnitedHealthcare Assisted Living Plan 1 (HMO SNP)		
UnitedHealthcare H2228-016 UnitedHealthcare Nursing Home Plan 1 (HMO SNP)		Clackamas, Lane, Linn, Multnomah, Washington
UnitedHealthcare H3113-008 UnitedHealthcare Assisted Living Plan (HMO SNP)		Lane

PACE (Program of All Inclusive Care for the Elderly)		
AllCare PACE AllCare PACE (dual eligible and private pay)	844-950-7223 allcarehealth.com	Jackson, Josephine
Providence Elder Place Providence ElderPlace (dual eligible and private pay)	855-415-6048 providence.org/elderplace	Clackamas Clatsop, Multnomah, Tillamook, Washington
Beneficiary must meet eligibility requirements. Must be certified as needing nursing home level of care. Will pay a premium unless the beneficiary qualifies for Medicaid and then the premium is paid by the state. Costs do not change if medical/social care needs increase. There are no out-of-pocket costs or deductibles. All necessary medical and social services are covered. Chiropractic, podiatry, prosthetic devices, and acupuncture are covered only if identified as beneficial/necessary.		

Medicare Advantage plan contact information

Insurer	Nonmember number	Member number	TTY	Website
AARP from United Healthcare	855-259-8119	800-643-4845	711	aarpmedicareplans.com
Aetna Medicare	855-275-6627	833-570-6670	711	aetnamedicare.com
AllCare Advantage	888-460-0185	888-460-0185	711	allcarehealth.com/advantage
ATRIO Health Plans	877-672-8620	877-672-8620	800-735-2900	atriohp.com
Health Net	800-949-6192	888-445-8913	711	or.healthnetadvantage.com
Humana	800-833-2364	800-457-4708	711	humana.com/medicare
Kaiser Permanente	877-408-3496	877-221-8221	711	kp.org/medicare
Lasso Healthcare	866-766-2583	866-766-2583	711	lassohealthcare.com
Moda Health Plan, Inc.	888-217-2375	877-299-9062	711	modahealth.com/medicare
PacificSource Medicare	888-863-3637	888-863-3637	800-735-2900	medicare.pacificsource.com
Providence Health Assurance	800-457-6064	800-603-2340	711	healthplans.providence.org/medicare/
Regence BlueCross BlueShield of Oregon	888-369-3171	PPO 800-541-8981 HMO 855-522-8896	711	regence.com/medicare
Samaritan Advantage Health Plan	800-832-4580	800-832-4580	800-735-2900	medicare.samhealthplans.org
UnitedHealthcare	855-259-8119	800-643-4845	711	uhcmedicaresolutions.com

Medicare Advantage plans by county

Baker, Page 56
Summit
Lasso

Benton, Page 56
AARP
Health Net
Kaiser
Lasso
Moda
Providence
Regence
Samaritan
UnitedHealthcare

Clackamas, Page 58
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Aetna
Health Net
Humana
Kaiser
Lasso
Moda
PacificSource
Providence
Regence
United Healthcare

Clatsop, Page 56
Lasso

Columbia, Page 61
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Health Net
Humana
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Moda
Providence
Regence
UnitedHealthcare

Coos, Page 63
Health Net
Moda
PacificSource
Regence

Crook, Page 64
Aetna
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Humana
Lasso
Moda
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Providence

Curry, Page 65
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Moda
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Aetna
Health Net
Humana
Lasso
Moda
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Providence
Regence

Douglas, Page 67
AllCare
ATRIO
Health Net
Lasso
Moda
Regence

Gilliam, Page 56
Lasso
Summit

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Lasso
PacificSource
Summit

Harney, Page 56
Lasso
Summit

Hood River, Page 69
Humana
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Moda
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ATRIO
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Humana
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Moda
Regence

Klamath, Page 74
ATRIO
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AARP
Health Net
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Moda
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Medicare Advantage plans

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Annual Deductible	Annual Deposit	Cost-sharing After Deductible	MOOP (Out-of-Pocket Maximum
All Oregon counties						
Lasso Healthcare Growth (MSA)	H1924-001	MSA	$5,000	$2,000	$0	$5,000
Lasso Healthcare Growth Plus (MSA)	H1924-004	MSA	$8,000	$3,000	$0	$8,000

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Baker, Gilliam, Harney, Lake, Morrow, Umatilla, Union, and Wallowa counties									
Summit Health Core (HMO-POS)	H2765-001	HMO	NA	$22.00	$4,200	$0	NA	No Rx	No Rx
Summit Health Value + Rx (HMO)	H2765-002	HMO	$69	NA	$6,850	$0	$285	Enhanced	$69
Summit Health Standard + Rx (HMO-POS)	H2765-003	HMO	$99	NA	$6,250	$0	$230	Enhanced	$99
Summit Health Premier + Rx (HMO-POS)	H2765-004	HMO	$146	NA	$5,500	$0	$175	Enhanced	$146
Benton County *Available only in ZIP codes 97330, 97331, 97333, 97339, 97370									
AARP Medicare Advantage Choice (PPO)	H2228-029	PPO	$32	NA	$4,500/$10,000	$0	$100	Enhanced	$0
AARP Medicare Advantage Patriot (PPO)	H2228-088	PPO	NA	$0	$5,600/$10,000	$0	NA	No Rx	No Rx
AARP Medicare Advantage Plan 1 (HMO)	H3805-007	HMO	$55	NA	$2,900	$0	$195	Enhanced	$27.60
AARP Medicare Advantage Plan 2 (HMO)	H3805-023-1	HMO	$0	NA	$4,100	$0	$195	Enhanced	$0
Health Net Aqua (PPO)	H5439-010	PPO	NA	$0	$2,500/$5,100	$125	NA	No Rx	No Rx

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Benton County, continued									
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-038	HMO	$0	NA	$6,600	$0	$125	Enhanced	$0
Health Net Violet 1 (PPO)	H5439-011	PPO	$121	NA	$4,000/$4,000	$145	$95	Enhanced	$89.60
Health Net Violet 2 (PPO)	H5439-018	PPO	$29	NA	$6,900/$6,900	$195	$150	Enhanced	$7.10
Health Net Violet 3 (PPO)	H5439-015	PPO	$0	NA	$7,550/$7,500	$200	$200	Enhanced	$0
Kaiser Permanente Senior Advantage Enhanced (HMO)*	H9003-001	HMO	$127	NA	$3,000	$0	$0	Enhanced	$91
Kaiser Permanente Senior Advantage Standard (HMO)*	H9003-006	HMO	$44	NA	$4,900	$0	$0	Enhanced	$8
Kaiser Permanente Senior Advantage Value (HMO)*	H9003-009	HMO	$0	NA	$5,600	$0	$0	Enhanced	$0
Moda Health Mid-valley PPORX (PPO)	H3813-014	PPO	$96	NA	$6,000/$9,500	$0	$285	Enhanced	$60
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500/$3,500	$0	NA	No Rx	No Rx
Providence Medicare Enrich + RX (HMO)	H9047-045	HMO	$147	NA	$5,000	$0	$325	Basic	$111
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700/$10,000	$0	$150	Enhanced	$39
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-2	PPO	$194	NA	$5,000/$8,300	$0	$0	Enhanced	$158

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Benton County, continued									
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200/$10,000	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000/$10,000	$0	NA	No Rx	No Rx
Samaritan Advantage Conventional Plan (HMO)	H3811-001	HMO	NA	$70	$4,600	$0	NA	No Rx	No Rx
Samaritan Advantage Premier Plan (HMO)	H3811-002	HMO	$35	NA	$4,600	$0	$200	Enhanced	$0
Samaritan Advantage Premier Plan Plus (HMO)	H3811-009	HMO	$129	NA	$4,600	$0	$0	Enhanced	$93
UnitedHealthcare Medicare Advantage Assure (PPO)	H0271-022	PPO	$36	NA	$7,550/$11,300	$198	$445	Basic	$0
Clackamas, Multnomah, and Washington counties									
AARP Medicare Advantage Choice (PPO)	H2228-029	PPO	$32	NA	$4,500/$10,000	$0	$100	Enhanced	$0
AARP Medicare Advantage Patriot (PPO)	H2228-088	PPO	NA	$0	$5,600/$10,000	$0	NA	No Rx	No Rx
AARP Medicare Advantage Plan 1 (HMO)	H3805-001	HMO	$72	NA	$3,500	$0	$150	Enhanced	$36
AARP Medicare Advantage Plan 2 (HMO)	H3805-036	HMO	$0	NA	$5,600	$0	$150	Enhanced	$0
AARP Medicare Advantage Walgreens (PPO)	H2228-084	PPO	$0	NA	$5,600/$10,000	$0	$250	Enhanced	$0

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Clackamas, Multnomah, and Washington counties, continued									
Aetna Medicare Choice Plan (PPO)	H9431-005	PPO	$19	NA	$7,550/$11,300	$0	$0	Enhanced	$3.90
Aetna Medicare Elite Plan (HMO)	H2056-003	HMO	$0	NA	$6,900	$1,000	$0	Enhanced	$0
Aetna Medicare Select Plan (PPO)	H9431-008	PPO	$49	NA	$7,000/$10,800	$0	$0	Enhanced	$31.90
Aetna Medicare Value Plan (HMO)	H2056-004	HMO	$0	NA	$7,000	$0	$0	Enhanced	$0
Health Net Aqua (PPO)	H5439-010	PPO	NA	$0	$2,500/$5,100	$125	NA	No Rx	No Rx
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-038	HMO	$0	NA	$6,600	$0	$125	Enhanced	$0
Health Net Violet 1 (PPO)	H5439-011	PPO	$121	NA	$4,000/$4,000	$145	$95	Enhanced	$89.60
Health Net Violet 2 (PPO)	H5439-018	PPO	$29	NA	$6,900/$6,900	$195	$150	Enhanced	$7.10
Health Net Violet 3 (PPO)	H5439-015	PPO	$0	NA	$7,550/$7,500	$200	$200	Enhanced	$0
Humana Gold Plus H1036-153 (HMO)	H1036-153	HMO	$0	NA	$5,700	$0	$150	Enhanced	$0
Humana Honor (PPO)	H5216-046	PPO	NA	$0	$5,000/$5,900	$0	NA	No Rx	No Rx
HumanaChoice H5216-247 (PPO)	H5216-247	PPO	$0	NA	$7,550/$11,000	$0	$400	Enhanced	$0
HumanaChoice H5216-048 (PPO) - Multnomah County only	H5216-048	PPO	$201	NA	$6,700	$0	$320	Basic	$165
Kaiser Permanente Senior Advantage Enhanced (HMO)	H9003-001	HMO	$127	NA	$3,000	$0	$0	Enhanced	$91
Kaiser Permanente Senior Advantage Standard (HMO)	H9003-006	HMO	$44	NA	$4,900	$0	$0	Enhanced	$8
Kaiser Permanente Senior Advantage Value (HMO)	H9003-009	HMO	$0	NA	$5,600	$0	$0	Enhanced	$0

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Clackamas, Multnomah, and Washington counties, continued									
Moda Health Metro PPORX (PPO)	H3813-013	PPO	$97	NA	$5,500/$9,500	$0	$285	Enhanced	$61
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500/$3,500	$0	NA	No Rx	No Rx
Moda Health PPORX Enhanced (PPO)	H3813-009	PPO	$196	NA	$3,900/$3,900	$0	$175	Enhanced	$160
PacificSource Medicare MyCare Rx 39 (HMO)	H3864-039	HMO	$68	NA	$4,950	$0	$0	Enhanced	$32
PacificSource Medicare MyCare Rx 40 (HMO)	H3864-040	HMO	$0	NA	$4,950	$0	$0	Enhanced	$0
Providence Medicare Bridge 1 + RX (HMO-POS)	H9047-059	HMO	$35	NA	$4,900/$10,000	$0	$100	Enhanced	$5.80
Providence Medicare Choice + RX (HMO-POS)	H9047-056-1	HMO	$92	NA	$4,500/$10,000	$0	$240	Enhanced	$56
Providence Medicare Extra + RX (HMO)	H9047-055-1	HMO	$173	NA	$3,400	$0	$0	Enhanced	$137
Providence Medicare Focus Medical (HMO)	H9047-033	HMO	NA	$128	$3,400	$0	NA	No Rx	No Rx
Providence Medicare Prime + RX (HMO)	H9047-037	HMO	$0	NA	$5,900	$0	$150	Enhanced	$0
Providence Medicare Select Medical (HMO-POS)	H9047-035	HMO	NA	$51	$4,500/$10,000	$0	NA	No Rx	No Rx
Regence BlueAdvantage HMO (HMO)	H6237-007-1	HMO	$0	NA	$5,500	$0	$200	Enhanced	$0
Regence BlueAdvantage HMO Plus (HMO)	H6237-008-1	HMO	$42	NA	$4,900	$0	$100	Enhanced	$25.10

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Clackamas, Multnomah, and Washington counties, continued									
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-1	PPO	$47	NA	$5,700/$10,000	$0	$150	Enhanced	$11
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-1	PPO	$174	NA	$5,000/$8,300	$0	$0	Enhanced	$138
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-1	PPO	$0	NA	$6,200/$10,000	$0	$250	Enhanced	$0
Regence Valiance (HMO)	H6237-006	HMO	NA	$0	$4,900	$0	NA	No Rx	No Rx
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000/$10,000	$0	NA	No Rx	No Rx
UnitedHealthcare Medicare Advantage Assure (PPO)	H0271-022	PPO	$36	NA	$7,550/$11,300	$198	$445	Basic	$0
Clatsop County - See all Oregon counties, page 56									
Columbia County									
AARP Medicare Advantage Choice (PPO)	H2228-029	PPO	$32	NA	$4,500	$0	$100	Enhanced	$0
AARP Medicare Advantage Patriot (PPO)	H2228-088	PPO	NA	$0	$5,600	$0	NA	No Rx	No Rx
AARP Medicare Advantage Plan 1 (HMO)	H3805-001	HMO	$72	NA	$3,500	$0	$150	Enhanced	$36
AARP Medicare Advantage Plan 2 (HMO)	H3805-036	HMO	$0	NA	$5,600	$0	$150	Enhanced	$0
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Columbia County, continued									
Health Net Ruby (HMO)	H6815-038	HMO	$0	NA	$6,600	$0	$125	Enhanced	$0
Humana Gold Plus H1036-153 (HMO)	H1036-153	HMO	$0	NA	$5,700	$0	$150	Enhanced	$0
Humana Honor (PPO)	H5216-046	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
HumanaChoice H5216-048 (PPO)	H5216-048	PPO	$201	NA	$6,700	$0	$320	Basic	$165
HumanaChoice H5216-247 (PPO)	H5216-247	PPO	$0	NA	$7,550	$0	$400	Enhanced	$0
Kaiser Permanente Senior Advantage Enhanced (HMO)	H9003-001	HMO	$127	NA	$3,000	$0	$0	Enhanced	$91
Kaiser Permanente Senior Advantage Standard (HMO)	H9003-006	HMO	$44	NA	$4,900	$0	$0	Enhanced	$8
Kaiser Permanente Senior Advantage Value (HMO)	H9003-009	HMO	$0	NA	$5,600	$0	$0	Enhanced	$0
Moda Health NW PPORX (PPO)	H3813-011	PPO	$105	NA	$6,700	$0	$275	Enhanced	$69
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Moda Health PPORX Enhanced (PPO)	H3813-009	PPO	$196	NA	$3,900	$0	$175	Enhanced	$160
Providence Medicare Bridge 2 + RX (HMO-POS)	H9047-060	HMO	$40	NA	$4,900	$0	$100	Enhanced	$9
Providence Medicare Choice + RX (HMO-POS)	H9047-056-2	HMO	$92	NA	$4,500	$0	$240	Enhanced	$56
Providence Medicare Extra + RX (HMO)	H9047-055-2	HMO	$173	NA	$3,400	$0	$0	Enhanced	$137
Providence Medicare Focus Medical (HMO)	H9047-033	HMO	NA	$128	$3,400	$0	NA	No Rx	No Rx

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Columbia County, continued									
Providence Medicare Select Medical (HMO-POS)	H9047-035	HMO	NA	$51	$4,500	$0	NA	No Rx	No Rx
Providence Medicare Timber + RX (HMO)	H9047-054	HMO	$0	NA	$5,500	$0	$150	Enhanced	$0
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700	$0	$150	Enhanced	$39
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-2	PPO	$194	NA	$5,000	$0	$0	Enhanced	$158
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
UnitedHealthcare Medicare Advantage Assure (PPO)	H0271-022	PPO	$36	NA	$7,550	$198.00	$445	Basic	$0
Coos County									
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-006	HMO	$85	NA	$5,900	$0	$125	Enhanced	$73.20
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Moda Health Southern PPORX (PPO)	H3813-012	PPO	$96	NA	$6,250	$0	$250	Enhanced	$60
PacificSource Medicare Essentials Rx 41 (HMO)	H3864-041	HMO	$69	NA	$5,500	$0	$150	Enhanced	$33
PacificSource Medicare Explorer 8 (PPO)	H4754-008	PPO	NA	$25	$6,700	$0	NA	No Rx	No Rx

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Coos County, continued									
PacificSource Medicare Explorer Rx 7 (PPO)	H4754-007	PPO	$129	NA	$6,950	$0	$150	Enhanced	$93
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700	$0	$150	Enhanced	$39
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-2	PPO	$194	NA	$5,000	$0	$0	Enhanced	$158
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
Crook County									
Aetna Medicare Elite Plan (HMO)	H2056-007	HMO	$37	NA	$6,900	$1,000	$0	Enhanced	$17.80
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-006	HMO	$85	NA	$5,900	$0	$125	Enhanced	$73.20
Humana Honor (PPO)	H5216-046	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
HumanaChoice H5216-044 (PPO)	H5216-044	PPO	$29	NA	$6,000	$0	$200	Enhanced	$0
HumanaChoice H5216-047 (PPO)	H5216-047	PPO	$102	NA	$6,700	$0	$320	Enhanced	$72.70
Moda Health Central PPORX (PPO)	H3813-010	PPO	$100	NA	$6,000	$0	$200	Enhanced	$64
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Crook County, continued									
PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	NA	$0	$5,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials Choice Rx 14 (HMO-POS)	H3864-014	HMO	$99	NA	$5,500	$0	$100	Enhanced	$63
PacificSource Medicare Essentials Rx 27 (HMO)	H3864-027	HMO	$55	NA	$6,700	$0	$399	Enhanced	$19
PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	$218	NA	$5,000	$0	$150	Enhanced	$182
Providence Medicare Compass + RX (HMO-POS)	H9047-039	HMO	$55	NA	$5,900	$0	$175	Enhanced	$19
Providence Medicare Latitude + RX (HMO-POS)	H9047-038	HMO	$195	NA	$5,500	$0	$120	Enhanced	$159
Curry County									
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Moda Health Southern PPORX (PPO)	H3813-012	PPO	$96	NA	$6,250	$0	$250	Enhanced	$60
PacificSource Medicare Essentials Rx 41 (HMO)	H3864-041	HMO	$69	NA	$5,500	$0	$150	Enhanced	$33
PacificSource Medicare Explorer 8 (PPO)	H4754-008	PPO	NA	$25	$6,700	$0	NA	No Rx	No Rx
PacificSource Medicare Explorer Rx 7 (PPO)	H4754-007	PPO	$129	NA	$6,950	$0	$150	Enhanced	$93
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700	$0	$150	Enhanced	$39

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Curry County, continued									
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-2	PPO	$194	NA	$5,000	$0	$0	Enhanced	$158
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
Deschutes County									
Aetna Medicare Elite Plan (HMO)	H2056-007	HMO	$37	NA	$6,900	$1,000	$0	Enhanced	$17.80
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-006	HMO	$85	NA	$5,900	$0	$125	Enhanced	$73.20
Humana Gold Plus (HMO)	H1036-219	HMO	NA	$59	$5,900	$0	$100	Enhanced	$59
Humana Honor (PPO)	H5216-046	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
HumanaChoice H5216-044 (PPO)	H5216-044	PPO	$29	NA	$6,000	$0	$200	Enhanced	$0
HumanaChoice H5216-047 (PPO)	H5216-047	PPO	$102	NA	$6,700	$0	$320	Enhanced	$72.70
Moda Health Central PPORX (PPO)	H3813-010	PPO	$100	NA	$6,000	$0	$200	Enhanced	$64
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	NA	$0	$5,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials Choice Rx 14 (HMO-POS)	H3864-014	HMO	$99	NA	$5,500	$0	$100	Enhanced	$63

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Deschutes County, continued									
PacificSource Medicare Essentials Rx 27 (HMO)	H3864-027	HMO	$55	NA	$6,700	$0	$399	Enhanced	$19
PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	$218	NA	$5,000	$0	$150	Enhanced	$182
Providence Medicare Compass + RX (HMO-POS)	H9047-039	HMO	$55	NA	$5,900	$0	$175	Enhanced	$19
Providence Medicare Latitude + RX (HMO-POS)	H9047-038	HMO	$195	NA	$5,500	$0	$120	Enhanced	$159
Regence BlueAdvantage HMO (HMO)	H6237-007-03	HMO	$49	NA	$5,500	$0	$200	Enhanced	$27.30
Regence BlueAdvantage HMO Plus (HMO)	H6237-008-03	HMO	$88	NA	$4,900	$0	$100	Enhanced	$71.10
Regence Valiance (HMO)	H6237-006	HMO	NA	$0	$4,900	$0	NA	No Rx	No Rx
Douglas County	*Available only in ZIP codes 97442 (Glendale) and 97410 (Azalea)								
AllCare Advantage Focus (HMO)*	H3810-021	HMO	NA	$9	$7,550	$0	NA	No Rx	No Rx
AllCare Advantage Focus Rx (HMO)*	H3810-022	HMO	$25	NA	$7,550	$0	$295	Enhanced	$0
AllCare Advantage Gold (HMO)*	H3810-001	HMO	NA	$44	$5,900	$0	NA	No Rx	No Rx
AllCare Advantage Gold Plus Rx (HMO)*	H3810-003	HMO	$139	NA	$5,900	$0	$175	Enhanced	$103
AllCare Advantage Preferred Rx (HMO)*	H3810-020	HMO	$36	NA	$6,700	$0	$445	Basic	$0

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Douglas County, continued									
ATRIO Bronze (PPO)	H6743-022-2	PPO	NA	$0	$4,500	$0	NA	No Rx	No Rx
ATRIO Bronze Rx (Umpqua) (PPO)	H6743-007	PPO	$0	NA	$4,500	$0	$150	Enhanced	$0
ATRIO Gold Rx (PPO)	H6743-021-2	PPO	$199	NA	$3,500	$0	$0	Enhanced	$163
ATRIO Silver (PPO)	H6743-019-2	PPO	NA	$55	$3,900	$0	NA	No Rx	No Rx
ATRIO Silver Rx (PPO)	H6743-020-2	PPO	$129	NA	$3,900	$0	$200	Enhanced	$93
Health Net Aqua (PPO)	H5439-010	PPO	NA	$0	$2,500	$125	NA	No Rx	No Rx
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Violet 1 (PPO)	H5439-011	PPO	$121	NA	$4,000	$145	$95	Enhanced	$89.60
Health Net Violet 2 (PPO)	H5439-019	PPO	$26	NA	$5,900	$225	$150	Enhanced	$9
Health Net Violet 3 (PPO)	H5439-015	PPO	$0	NA	$7,550	$200	$200	Enhanced	$0
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Moda Health Southern PPORX (PPO)	H3813-012	PPO	$96	NA	$6,250	$0	$250	Enhanced	$60
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700	$0	$150	Enhanced	$39
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-2	PPO	$194	NA	$5,000	$0	$0	Enhanced	$158
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
Gilliam County – see Baker County									

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Grant and Sherman counties									
PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	NA	$0	$5,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials Choice Rx 14 (HMO-POS)	H3864-014	HMO	$99	NA	$5,500	$0	$100	Enhanced	$63
PacificSource Medicare Essentials Rx 27 (HMO)	H3864-027	HMO	$55	NA	$6,700	$0	$399	Enhanced	$19
PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	$218	NA	$5,000	$0	$150	Enhanced	$182
Summit Health Core (HMO-POS)	H2765-001	HMO	NA	$22	$4,200	$0	NA	No Rx	No Rx
Summit Health Premier + Rx (HMO-POS)	H2765-004	HMO	$146	NA	$5,500	$0	$175	Enhanced	$146
Summit Health Standard + Rx (HMO-POS)	H2765-003	HMO	$99	NA	$6,250	$0	$230	Enhanced	$99
Summit Health Value + Rx (HMO)	H2765-002	HMO	$69	NA	$6,850	$0	$285	Enhanced	$69
Harney County – see Baker County									
Hood River County									
Humana Honor (PPO)	H5216-046	PPO	NA	$0	$5,000	$0		No Rx	No Rx
HumanaChoice H5216-048 (PPO)	H5216-048	PPO	$201	NA	$6,700	$0	$320	Basic	$165
Moda Health Central PPORX (PPO)	H3813-010	PPO	$100	NA	$6,000	$0	$200	Enhanced	$64
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0		No Rx	No Rx
PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	NA	$0	$5,500	$0		No Rx	No Rx

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Hood River County, continued									
PacificSource Medicare Essentials Choice Rx 14 (HMO-POS)	H3864-014	HMO	$99	NA	$5,500	$0	$100	Enhanced	$63
PacificSource Medicare Essentials Rx 27 (HMO)	H3864-027	HMO	$55	NA	$6,700	$0	$399	Enhanced	$19
PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	$218	NA	$5,000	$0	$150	Enhanced	$182
Providence Medicare Compass + RX (HMO-POS)	H9047-039	HMO	$55	NA	$5,900	$0	$175	Enhanced	$19
Providence Medicare Latitude + RX (HMO-POS)	H9047-038	HMO	$195	NA	$5,500	$0	$120	Enhanced	$159
Jackson County	*Available only in ZIP codes 97501, 97504 (Medford), 97502 (Central Point), 97503 (White City), 97520 (Ashland), 97522 (Butte Falls), 97524 (Eagle Point), 97525 (Gold Hill), 97530 (Jacksonville), 97535 (Prospect), 97537 (Rogue River), 97539 (Shady Cove), 97540 (Talent), 97541 (Trail)								
Aetna Medicare Choice Plan (PPO)	H9431-004	PPO	$41	NA	$7,550	$0	$0	Enhanced	$31
Aetna Medicare Elite Plan (HMO)	H2056-005	HMO	$-	NA	$6,900	$1,000	$0	Enhanced	$0
Aetna Medicare Select Plan (PPO)	H9431-007	PPO	$79	NA	$7,000	$0	$0	Enhanced	$61.80
AllCare Advantage Focus (HMO)*	H3810-021	HMO	NA	$9	$7,550	$0	NA	No Rx	No Rx
AllCare Advantage Focus Rx (HMO)*	H3810-022	HMO	$25	NA	$7,550	$0	$295	Enhanced	$0
AllCare Advantage Gold (HMO)*	H3810-001	HMO	NA	$44	$5,900	$200	NA	No Rx	No Rx

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Jackson County, continued									
AllCare Advantage Gold Plus Rx (HMO)*	H3810-003	HMO	$139	NA	$5,900	$200	$175	Enhanced	$103
AllCare Advantage Preferred Rx (HMO)*	H3810-020	HMO	$36	NA	$6,700	$0	$445	Basic	$0
ATRIO Bronze (PPO)	H6743-022-1	PPO	NA	$0	$4,500	$0	NA	No Rx	No Rx
ATRIO Bronze Rx (Rogue) (PPO)	H6743-018-1	PPO	$0	NA	$4,500	$0	$275	Enhanced	$0
ATRIO Silver Rx (PPO)	H6743-020-1	PPO	$99	NA	$3,900	$0	$200	Enhanced	$63
Health Net Aqua (PPO)	H5439-010	PPO	NA	$0	$2,500	$125	NA	No Rx	No Rx
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-005	HMO	$30	NA	$5,900	$0	$125	Enhanced	$20.50
Health Net Violet 1 (PPO)	H5439-011	PPO	$121	NA	$4,000	$145	$95	Enhanced	$89.60
Health Net Violet 2 (PPO)	H5439-019	PPO	$26	NA	$5,900	$225	$150	Enhanced	$8.60
Health Net Violet 3 (PPO)	H5439-015	PPO	$0	NA	$7,550	$200	$200	Enhanced	$0
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Moda Health Southern PPORX (PPO)	H3813-012	PPO	$96	NA	$6,250	$0	$250	Enhanced	$60
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700	$0	$150	Enhanced	$39
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-2	PPO	$194	NA	$5,000	$0	$0	Enhanced	$158

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Jackson County, continued									
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
Jefferson County									
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-006	HMO	$85	NA	$5,900	$0	$125	Enhanced	$73.20
Humana Gold Plus H1036-219 (HMO)	H1036-219	HMO	$59	NA	$5,900	$0	$100	Enhanced	$59
Humana Honor (PPO)	H5216-046	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
HumanaChoice H5216-044 (PPO)	H5216-044	PPO	$29	NA	$6,000	$0	$200	Enhanced	$0
HumanaChoice H5216-047 (PPO)	H5216-047	PPO	$102	NA	$6,700	$0	$320	Enhanced	$72.70
Moda Health Central PPORX (PPO)	H3813-010	PPO	$100	NA	$6,000	$0	$200	Enhanced	$64
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	NA	$0	$5,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials Choice Rx 14 (HMO-POS)	H3864-014	HMO	$99	NA	$5,500	$0	$100	Enhanced	$63
PacificSource Medicare Essentials Rx 27 (HMO)	H3864-027	HMO	$55	NA	$6,700	$0	$399	Enhanced	$19

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Jefferson County, continued									
PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	$218	NA	$5,000	$0	$150	Enhanced	$182
Providence Medicare Compass + RX (HMO-POS)	H9047-039	HMO	$55	NA	$5,900	$0	$175	Enhanced	$19
Providence Medicare Latitude + RX (HMO-POS)	H9047-038	HMO	$195	NA	$5,500	$0	$120	Enhanced	$159
Josephine County	*Available only in ZIP codes 97526, 97527, 97528 (Grants Pass), 97497 (Wolf Creek), 97523 (Cave Junction), 97531 (Kerby), 97532 (Merlin), 97533 (Murphy), 97534 (O'Brien), 97538 (Selma), 97543 (Wilderville), 97544 (Williams)								
Aetna Medicare Choice Plan (PPO)	H9431-004	PPO	$41	NA	$7,550	$0	$0	Enhanced	$30.60
Aetna Medicare Elite Plan (HMO)	H2056-005	HMO	$0	NA	$6,900	$1,000	$0	Enhanced	$0
Aetna Medicare Select Plan (PPO)	H9431-007	PPO	$79	NA	$7,000	$0	$0	Enhanced	$61.80
AllCare Advantage Focus (HMO)*	H3810-021	HMO	NA	$0	$7,550	$0	NA	No Rx	No Rx
AllCare Advantage Focus Rx (HMO)*	H3810-022	HMO	$25	NA	$7,550	$0	$295	Enhanced	$0
AllCare Advantage Gold (HMO)*	H3810-001	HMO	NA	$44	$5,900	$200	NA	No Rx	No Rx
AllCare Advantage Gold Plus Rx (HMO)*	H3810-003	HMO	$139	NA	$5,900	$200	$175	Enhanced	$103
AllCare Advantage Preferred Rx (HMO)*	H3810-020	HMO	$36	NA	$6,700	coming soon	$445	Basic	$0
ATRIO Bronze Rx (Rogue) (PPO)	H6743-018-3	PPO	$0	NA	$4,500	$0	$275	Enhanced	$0

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Josephine County, continued									
ATRIO Silver Rx (PPO)	H6743-020-3	PPO	$129	NA	$3,900	$0	$200	Enhanced	$93
Health Net Aqua (PPO)	H5439-010	PPO	NA	$0	$2,500	$125	NA	No Rx	No Rx
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-005	HMO	$30	NA	$5,900	$0	$125	Enhanced	$20.50
Health Net Violet 1 (PPO)	H5439-011	PPO	$121	NA	$4,000	$145	$95	Enhanced	$89.60
Health Net Violet 2 (PPO)	H5439-019	PPO	$26	NA	$5,900	$225	$150	Enhanced	$8.60
Health Net Violet 3 (PPO)	H5439-015	PPO	$0	NA	$7,550	$200	$200	Enhanced	$0
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Moda Health Southern PPORX (PPO)	H3813-012	PPO	$96	NA	$6,250	$0	$250	Enhanced	$60
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700	$0	$150	Enhanced	$39
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-2	PPO	$194	NA	$5,000	$0	$0	Enhanced	$158
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
Klamath County *Available only in ZIP codes 97601, 97602, 97603, 97604, 97621, 97622, 97623, 97624, 97625, 97626, 97627, 97632, 97633, 97634, 97640									
ATRIO Bronze (PPO)*	H6743-022-4	PPO	NA	$0	$4,500	$110	NA	No Rx	No Rx
ATRIO Bronze Rx (Basin) (PPO)*	H6743-001	PPO	$0	NA	$4,500	$0	$250	Enhanced	$0

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Klamath County, continued									
ATRIO Gold Rx (PPO)*	H6743-021-4	PPO	$200	NA	$3,500	$0	$0	Enhanced	$164
ATRIO Silver (PPO)*	H6743-019-4	PPO	NA	$65	$3,900	$0	NA	No Rx	No Rx
ATRIO Silver Rx (PPO)*	H6743-020-4	PPO	$99	NA	$3,900	$0	$200	Enhanced	$63
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Moda Health Southern PPORX (PPO)	H3813-012	PPO	$96	NA	$6,250	$0	$250	Enhanced	$60
PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	NA	$0	$5,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials Choice Rx 14 (HMO-POS)	H3864-014	HMO	$99	NA	$5,500	$0	$100	Enhanced	$63
PacificSource Medicare Essentials Rx 27 (HMO)	H3864-027	HMO	$55	NA	$6,700	$0	$399	Enhanced	$19
PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	$218	NA	$5,000	$0	$150	Enhanced	$182
Lake County – see Baker County									
Lane County									
AARP Medicare Advantage Choice (PPO)	H2228-029	PPO	$32	NA	$4,500	$0	$100	Enhanced	$0
AARP Medicare Advantage Patriot (PPO)	H2228-088	PPO	NA	$0	$5,600	$0	NA	No Rx	No Rx
AARP Medicare Advantage Plan 1 (HMO)	H3805-007	HMO	$55	NA	$2,900	$0	$195	Enhanced	$27.60

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Lane County, continued									
AARP Medicare Advantage Plan 2 (HMO)	H3805-023-1	HMO	$0	NA	$4,100	$0	$195	Enhanced	$0
AARP Medicare Advantage Walgreens (PPO)	H2228-084	PPO	$0	NA	$5,600	$0	$250	Enhanced	$0
Health Net Aqua (PPO)	H5439-010	PPO	NA	$0	$2,500	$125	NA	No Rx	No Rx
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-038	HMO	$0	NA	$6,600	$0	$125	Enhanced	$0
Health Net Violet 1 (PPO)	H5439-011	PPO	$121	NA	$4,000	$145	$95	Enhanced	$89.60
Health Net Violet 2 (PPO)	H5439-018	PPO	$29	NA	$6,900	$195	$150	Enhanced	$7.10
Health Net Violet 3 (PPO)	H5439-015	PPO	$0	NA	$7,550	$200	$200	Enhanced	$0
Health Net Violet 4 (PPO)	H5439-017	PPO	$0	NA	$3,450	$0	$125	Enhanced	$0
Kaiser Permanente Senior Advantage Standard Lane (HMO)	H9003-007	HMO	$49	NA	$3,000	$0	$125	Enhanced	$13
Kaiser Permanente Senior Advantage Value Lane (HMO)	H9003-008	HMO	$0	NA	$4,100	$0	$175	Enhanced	$0
Moda Health Mid-valley PPORX (PPO)	H3813-014	PPO	$96	NA	$6,000	$0	$285	Enhanced	$60
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	NA	$0	$5,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials Rx 36 (HMO)	H3864-036	HMO	$29	NA	$6,700	$0	$200	Enhanced	$0

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Lane County, continued									
PacificSource Medicare Essentials Rx 41 (HMO)	H3864-041	HMO	$69	NA	$5,500	$0	$150	Enhanced	$33
PacificSource Medicare Explorer 8 (PPO)	H4754-008	PPO	NA	$25	$6,700	$0	NA	No Rx	No Rx
PacificSource Medicare Explorer Rx 4 (PPO)	H4754-004	PPO	$109	NA	$5,500	$0	$150	Enhanced	$73
Providence Medicare Bridge 2 + RX (HMO-POS)	H9047-060	HMO	$40	NA	$4,900	$0	$100	Enhanced	$9
Providence Medicare Choice + RX (HMO-POS)	H9047-056-2	HMO	$92	NA	$4,500	$0	$240	Enhanced	$56
Providence Medicare Extra + RX (HMO)	H9047-055-2	HMO	$173	NA	$3,400	$0	$0	Enhanced	$137
Providence Medicare Focus Medical (HMO)	H9047-033	HMO	NA	$128	$3,400	$0	NA	No Rx	No Rx
Providence Medicare Select Medical (HMO-POS)	H9047-035	HMO	NA	$51	$4,500	$0	NA	No Rx	No Rx
Providence Medicare Timber + RX (HMO)	H9047-054	HMO	$0	NA	$5,500	$0	$150	Enhanced	$0
Regence BlueAdvantage HMO (HMO)	H6237-007-2	HMO	$0	NA	$5,500	$0	$200	Enhanced	$0
Regence BlueAdvantage HMO Plus (HMO)	H6237-008-2	HMO	$48	NA	$4,900	$0	$100	Enhanced	$31.10
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-1	PPO	$47	NA	$5,700	$0	$150	Enhanced	$11

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Lane County, continued									
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-1	PPO	$174	NA	$5,000	$0	$0	Enhanced	$138
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-1	PPO	$0	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (HMO)	H6237-006	HMO	NA	$0	$4,900	$0	NA	No Rx	No Rx
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
UnitedHealthcare Medicare Advantage Assure (PPO)	H0271-022	PPO	$36	NA	$7,550	$198	$445	Basic	$0
Lincoln County									
Moda Health NW PPORX (PPO)	H3813-011	PPO	$105	NA	$6,700	$0	$275	Enhanced	$69
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700	$0	$150	Enhanced	$39
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
Samaritan Advantage Conventional Plan (HMO)	H3811-001	HMO	NA	$70	$4,600	$0	NA	No Rx	No Rx
Samaritan Advantage Premier Plan (HMO)	H3811-002	HMO	$35	NA	$4,600	$0	$200	Enhanced	$0
Samaritan Advantage Premier Plan Plus (HMO)	H3811-009	HMO	$129	NA	$4,600	$0	$0	Enhanced	$93

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Linn County	*Available only in ZIP codes (97321, 97322, 97335, 97355, 97358, 97360, 97374, 97389								
AARP Medicare Advantage Choice (PPO)	H2228-029	PPO	$32	NA	$4,500	$0	$100	Enhanced	$0
AARP Medicare Advantage Patriot (PPO)	H2228-088	PPO	NA	$0	$5,600	$0	NA	No Rx	No Rx
AARP Medicare Advantage Plan 1 (HMO)	H3805-007	HMO	$55	NA	$2,900	$0	$195	Enhanced	$27.60
AARP Medicare Advantage Plan 2 (HMO)	H3805-023-2	HMO	$19	NA	$4,100	$0	$195	Enhanced	$0
Health Net Aqua (PPO)	H5439-010	PPO	NA	$0	$2,500	$125	NA	No Rx	No Rx
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-038	HMO	$0	NA	$6,600	$0	$125	Enhanced	$0
Health Net Violet 1 (PPO)	H5439-011	PPO	$121	NA	$4,000	$145	$95	Enhanced	$89.60
Health Net Violet 2 (PPO)	H5439-018	PPO	$29	NA	$6,900	$195	$150	Enhanced	$7.10
Health Net Violet 3 (PPO)	H5439-015	PPO	$0	NA	$7,550	$200	$200	Enhanced	$0
Humana Honor (PPO)	H5216-046	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
HumanaChoice H5216-048 (PPO)	H5216-048	PPO	$201	NA	$6,700	$0	$320	Basic	$165
Kaiser Permanente Senior Advantage Enhanced (HMO)*	H9003-001	HMO	$127	NA	$3,000	$0	$0	Enhanced	$91

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Linn County, continued									
Kaiser Permanente Senior Advantage Standard (HMO)*	H9003-006	HMO	$44	NA	$4,900	$0	$0	Enhanced	$8
Kaiser Permanente Senior Advantage Value (HMO)*	H9003-009	HMO	$0	NA	$5,600	$0	$0	Enhanced	$0
Moda Health Mid-valley PPORX (PPO)	H3813-014	PPO	$96	NA	$6,000	$0	$285	Enhanced	$60
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Providence Medicare Enrich + RX (HMO)	H9047-045	HMO	$147	NA	$5,000	$0	$325	Basic	$111
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700	$0	$150	Enhanced	$39
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-2	PPO	$194	NA	$5,000	$0	$0	Enhanced	$158
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
Samaritan Advantage Conventional Plan (HMO)	H3811-001	HMO	NA	$70	$4,600	$0	NA	No Rx	No Rx
Samaritan Advantage Premier Plan (HMO)	H3811-002	HMO	$35	NA	$4,600	$0	$200	Enhanced	$0
Samaritan Advantage Premier Plan Plus (HMO)	H3811-009	HMO	$129	NA	$4,600	$0	$0	Enhanced	$93

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Linn County, continued									
UnitedHealthcare Medicare Advantage Assure (PPO)	H0271-022	PPO	$36	NA	$7,550	$198	$445	Basic	$0
Malheur County									
Humana Honor (PPO)	H5216-046	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
HumanaChoice H5216-044 (PPO)	H5216-044	PPO	$29	NA	$6,000	$0	$200	Enhanced	$0
HumanaChoice H5216-132 (PPO)	H5216-132	PPO	$0	NA	$5,500	$0	$200	Enhanced	$0
Summit Health Core (HMO-POS)	H2765-001	HMO	NA	$22	$4,200	$0	NA	No Rx	No Rx
Summit Health Premier + Rx (HMO-POS)	H2765-004	HMO	$146	NA	$5,500	$0	$175	Enhanced	$146
Summit Health Standard + Rx (HMO-POS)	H2765-003	HMO	$99	NA	$6,250	$0	$230	Enhanced	$99
Summit Health Value + Rx (HMO)	H2765-002	HMO	$69	NA	$6,850	$0	$285	Enhanced	$69
Marion and Polk counties									
AARP Medicare Advantage Choice (PPO)	H2228-029	PPO	$32	NA	$4,500	$0	$100	Enhanced	$0
AARP Medicare Advantage Patriot (PPO)	H2228-088	PPO	NA	$0	$5,600	$0	NA	No Rx	No Rx
AARP Medicare Advantage Plan 1 (HMO)	H3805-001	HMO	$72	NA	$3,500	$0	$150	Enhanced	$36
AARP Medicare Advantage Plan 2 (HMO)	H3805-036	HMO	$0	NA	$5,600	$0	$150	Enhanced	$0

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Marion and Polk counties, continued									
AARP Medicare Advantage Walgreens (PPO)	H2228-084	PPO	$0	NA	$5,600	$0	$250	Enhanced	$0
Aetna Medicare Choice Plan (PPO)	H9431-005	PPO	$19	NA	$7,550	$0	$0	Enhanced	$3.90
Aetna Medicare Elite Plan (HMO)	H2056-003	HMO	$0	NA	$6,900	$1,000	$0	Enhanced	$0
Aetna Medicare Select Plan (PPO)	H9431-008	PPO	$49	NA	$7,000	$0	$0	Enhanced	$31.90
Aetna Medicare Value Plan (HMO)	H2056-004	HMO	$0	NA	$7,000	$0	$0	Enhanced	$0
ATRIO Gold Rx (Willamette) (PPO)	H7006-001	PPO	$190	NA	$3,900	$0	$0	Enhanced	$154
ATRIO Silver Rx (Willamette) (PPO)	H7006-003	PPO	$75	NA	$4,500	$100	$200	Enhanced	$39
Health Net Aqua (PPO)	H5439-010	PPO	NA	$0	$2,500	$125	NA	No Rx	No Rx
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-038	HMO	$-	NA	$6,600	$0	$125	Enhanced	$0
Health Net Violet 1 (PPO)	H5439-011	PPO	$121	NA	$4,000	$145	$95	Enhanced	$89.60
Health Net Violet 2 (PPO)	H5439-018	PPO	$29	NA	$6,900	$195	$150	Enhanced	$7.10
Health Net Violet 3 (PPO)	H5439-015	PPO	$-	NA	$7,550	$200	$200	Enhanced	$0
Kaiser Permanente Senior Advantage Enhanced (HMO)	H9003-001	HMO	$127	NA	$3,000	$0	$0	Enhanced	$91
Kaiser Permanente Senior Advantage Standard (HMO)	H9003-006	HMO	$44	NA	$4,900	$0	$0	Enhanced	$8
Kaiser Permanente Senior Advantage Value (HMO)	H9003-009	HMO	$-	NA	$5,600	$0	$0	Enhanced	$0

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Marion and Polk counties, continued									
Moda Health Mid-valley PPORX (PPO)	H3813-014	PPO	$96	NA	$6,000	$0	$285	Enhanced	$60
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Providence Medicare Bridge 2 + RX (HMO-POS)	H9047-060	HMO	$40	NA	$4,900	$0	$100	Enhanced	$9
Providence Medicare Choice + RX (HMO-POS)	H9047-056-2	HMO	$92	NA	$4,500	$0	$240	Enhanced	$56
Providence Medicare Extra + RX (HMO)	H9047-055-2	HMO	$173	NA	$3,400	$0	$0	Enhanced	$137
Providence Medicare Focus Medical (HMO)	H9047-033	HMO	NA	$128	$3,400	$0	NA	No Rx	No Rx
Providence Medicare Select Medical (HMO-POS)	H9047-035	HMO	NA	$51	$4,500	$0	NA	No Rx	No Rx
Providence Medicare Timber + RX (HMO)	H9047-054	HMO	$-	NA	$5,500	$0	$150	Enhanced	$0
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700	$0	$150	Enhanced	$39
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-2	PPO	$194	NA	$5,000	$0	$0	Enhanced	$158
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
UnitedHealthcare Medicare Advantage Assure (PPO)	H0271-022	PPO	$36	NA	$7,550	$198	$445	Basic	$0

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type- Basic or Enhanced	Premium with 100% Extra Help
Morrow County – see Baker County									
Multnomah County – see Clackamas County									
Polk County – see Marion County									
Sherman County - see Grant County									
Tillamook County									
Moda Health NW PPORX (PPO)	H3813-011	PPO	$105	NA	$6,700	$0	$275	Enhanced	$69
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Umatilla County - see Baker County									
Union County - see Baker County									
Wallowa County - see Baker County									
Wasco County									
Moda Health Central PPORX (PPO)	H3813-010	PPO	$100	NA	$6,000	$0	$200	Enhanced	$64
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	NA	$0	$5,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials Choice Rx 14 (HMO-POS)	H3864-014	HMO	$99	NA	$5,500	$0	$100	Enhanced	$63
PacificSource Medicare Essentials Rx 27 (HMO)	H3864-027	HMO	$55	NA	$6,700	$0	$399	Enhanced	$19

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Wasco County, continued									
PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	$218	NA	$5,000	$0	$150	Enhanced	$182
Washington County - see Clackamas County									
Wheeler County									
PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	NA	$0	$5,500	$0	NA	No Rx	No Rx
PacificSource Medicare Essentials Choice Rx 14 (HMO-POS)	H3864-014	HMO	$99	NA	$5,500	$0	$100	Enhanced	$63
PacificSource Medicare Essentials Rx 27 (HMO)	H3864-027	HMO	$55	NA	$6,700	$0	$399	Enhanced	$19
PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	$218	NA	$5,000	$0	$150	Enhanced	$182
Providence Medicare Compass + RX (HMO-POS)	H9047-039	HMO	$55	NA	$5,900	$0	$175	Enhanced	$19
Providence Medicare Latitude + RX (HMO-POS)	H9047-038	HMO	$195	NA	$5,500	$0	$120	Enhanced	$159
Summit Health Core (HMO-POS)	H2765-001	HMO	NA	$22	$4,200	$0	NA	No Rx	No Rx
Summit Health Premier + Rx (HMO-POS)	H2765-004	HMO	$146	NA	$5,500	$0	$175	Enhanced	$146
Summit Health Standard + Rx (HMO-POS)	H2765-003	HMO	$99	NA	$6,250	$0	$230	Enhanced	$99
Summit Health Value + Rx (HMO)	H2765-002	HMO	$69	NA	$6,850	$0	$285	Enhanced	$69

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Yamhill County									
AARP Medicare Advantage Choice (PPO)	H2228-029	PPO	$32	NA	$4,500	$0	$100	Enhanced	$0
AARP Medicare Advantage Patriot (PPO)	H2228-088	PPO	NA	$0	$5,600	$0	NA	No Rx	No Rx
AARP Medicare Advantage Plan 1 (HMO)	H3805-001	HMO	$72	NA	$3,500	$0	$150	Enhanced	$36
AARP Medicare Advantage Plan 2 (HMO)	H3805-036	HMO	$0	NA	$5,600	$0	$150	Enhanced	$0
Aetna Medicare Choice Plan (PPO)	H9431-005	PPO	$19	NA	$7,550	$0	$0	Enhanced	$3.90
Aetna Medicare Elite Plan (HMO)	H2056-003	HMO	$0	NA	$6,900	$1,000	$0	Enhanced	$0
Aetna Medicare Select Plan (PPO)	H9431-008	PPO	$49	NA	$7,000	$0	$0	Enhanced	$31.90
Aetna Medicare Value Plan (HMO)	H2056-004	HMO	$0	NA	$7,000	$0	$0	Enhanced	$0
Health Net Aqua (PPO)	H5439-010	PPO	NA	$0	$2,500	$125	NA	No Rx	No Rx
Health Net Medicare Complement (HMO)	H6815-037	HMO	$12	NA	$5,600	$0	$445	Enhanced	$0
Health Net Ruby (HMO)	H6815-038	HMO	$0	NA	$6,600	$0	$125	Enhanced	$0
Health Net Violet 1 (PPO)	H5439-011	PPO	$121	NA	$4,000	$145	$95	Enhanced	$89.60
Health Net Violet 2 (PPO)	H5439-018	PPO	$29	NA	$6,900	$195	$150	Enhanced	$7.10
Health Net Violet 3 (PPO)	H5439-015	PPO	$0	NA	$7,550	$200	$200	Enhanced	$0
Kaiser Permanente Senior Advantage Enhanced (HMO)	H9003-001	HMO	$127	NA	$3,000	$0	$0	Enhanced	$91
Kaiser Permanente Senior Advantage Standard (HMO)	H9003-006	HMO	$44	NA	$4,900	$0	$0	Enhanced	$8

Medicare Advantage plans, continued

Note: Not all plans apply the drug deductible to drug tiers 1-2 and 6. Just to tiers 3-5. See Medicare.gov/plan-compare for drug coverage details.

Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-net./In-and out-of-net. MOOP (maximum out-of-pocket)	Health deduc-tible	Drug deductible	Drug plan type-Basic or Enhanced	Premium with 100% Extra Help
Yamhill County, continued									
Kaiser Permanente Senior Advantage Value (HMO)	H9003-009	HMO	$0	NA	$5,600	$0	$0	Enhanced	$0
Moda Health NW PPORX (PPO)	H3813-011	PPO	$105	NA	$6,700	$0	$275	Enhanced	$69
Moda Health PPO (PPO)	H3813-001	PPO	NA	$18	$3,500	$0	NA	No Rx	No Rx
Moda Health PPORX Enhanced (PPO)	H3813-009	PPO	$196	NA	$3,900	$0	$175	Enhanced	$160
Providence Medicare Bridge 1 + RX (HMO-POS)	H9047-059	HMO	$35	NA	$4,900	$0	$100	Enhanced	$5.80
Providence Medicare Choice + RX (HMO-POS)	H9047-056	HMO	$92	NA	$4,500	$0	$240	Enhanced	$56
Providence Medicare Extra + RX (HMO)	H9047-055-1	HMO	$173	NA	$3,400	$0	$0	Enhanced	$137
Providence Medicare Focus Medical (HMO)	H9047-033	HMO	NA	$128	$3,400	$0	NA	No Rx	No Rx
Providence Medicare Prime + RX (HMO)	H9047-037	HMO	$0	NA	$5,900	$0	$150	Enhanced	$0
Providence Medicare Select Medical (HMO-POS)	H9047-035	HMO	NA	$51	$4,500	$0	NA	No Rx	No Rx
Regence MedAdvantage + Rx Classic (PPO)	H3817-008-2	PPO	$75	NA	$5,700	$0	$150	Enhanced	$39
Regence MedAdvantage + Rx Enhanced (PPO)	H3817-009-2	PPO	$194	NA	$5,000	$0	$0	Enhanced	$158
Regence MedAdvantage + Rx Primary (PPO)	H3817-011-2	PPO	$19	NA	$6,200	$0	$250	Enhanced	$0
Regence Valiance (PPO)	H3817-010	PPO	NA	$0	$5,000	$0	NA	No Rx	No Rx
UnitedHealthcare Medicare Advantage Assure (PPO)	H0271-022	PPO	$36	NA	$7,550	$198	$445	Basic	$0

Appeals

Original Medicare, Medicare Advantage, and Part D plans have five levels of appeals. The differences usually are in the time frames involved. There may be an expedited process available. For details, see medicare.gov/claims-and-appeals/file-an-appeal/appeals.html. Appeals can be initiated by the beneficiary, provider, or representative. Include copies of any information relative to your case. Always appeal denials.

Appeal Level	Medicare Part A & B	Medicare Advantage	Part D
1	Medicare Contractor	Medicare Advantage plan	Medicare prescription drug plan
2	Qualified Independent Contractor	Independent Review Entity	
3	Office of Medicare Hearings and Appeals		
4	Medicare Appeals Council		
5	Judicial review		

Original Medicare

1. Redetermination

- Performed by Medicare carrier, fiscal intermediary, or Medicare Administrative Contractor, depending on the issue.
  - Appeal information is found on the Medicare Summary Notice.
- 120 days to file with a 60-day time limit for processing.
- Expedited process:
  - Performed by Quality Improvement Organization.
  - File by noon the next calendar day with a 72-hour time limit.

2. Reconsideration

- Performed by Qualified Independent Contractor.
- 180 days to file with a 60-day time limit for processing.
- Expedited process:
  - Performed by Qualified Independent Contractor.
  - File by noon the next calendar day with a 72-hour time limit.

3. Administrative law judge

- Performed by Office of Medicare Hearings and Appeals.
  - Minimum amount in question must be more than $160 in 2019.
- 60 days to file with a 90-day time limit.

4. Medicare Appeals Council

- 60 days to file with a 90-day time limit for processing.

5. Judicial review

- Performed in a federal district court.
  - Amount in question must be more than $1,630 in 2019 (may combine claims to meet this dollar amount).
- 60 days to file.

Medicare Advantage

1. **Reconsideration**
   - Performed by the Medicare Advantage plan.
   - 60 days to file, pre-service 30-day time limit, payment 60-day time limit.
   - Expedited process:
     - 60 days to file, 72-hour time limit.
     - Payment requests cannot be expedited.
2. **Independent Review Entity reconsideration**
   - Performed by an Independent Review Entity.
   - Automatic if plan upholds denial, pre-service 30-day time limit, payment 60-day time limit
   - Expedited process:
     - 60 days to file, 72-hour time limit.
     - Payment requests cannot be expedited.
3. **Administrative law judge**
   - Performed by Office of Medicare Hearings and Appeals.
     - Minimum amount in question must be more than $160 in 2019.
   - 60 days to file, no statutory time limit for processing.
4. **Medicare Appeals Council**
   - 60 days to file, no statutory time limit for processing.
5. **Judicial review**
   - Performed in a federal district court.
     - Amount in question must be more than $1,630 in 2019 (may combine claims to meet this dollar amount).
   - 60 days to file.

Part D

1. **Redetermination**
   - Performed by the prescription drug plan.
   - 60 days to file, seven-day time limit
   - Expedited process:
     - 60 days to file, 72-hour time limit.
2. **Independent Review Entity reconsideration**
   - Performed by an Independent Review Entity.
   - 60 days to file, seven-day time limit.
   - Expedited process:
     - 60 days to file, 72-hour time limit.
3. **Administrative law judge**
   - Performed by Office of Medicare Hearings and Appeals.
     - Minimum amount in question must be more than $160 in 2019.
   - 60 days to file, 90-day time limit.
   - Expedited process:
     - 60 days to file, 10-day time limit
4. **Medicare Appeals Council**
   - 60 days to file, 90-day time limit.
   - Expedited process:
     - 60 days to file, 10-day time limit
5. **Judicial review**
   - Performed in a federal district court.
     - Amount in question must be more than $1,630 in 2019 (may combine claims to meet this dollar amount).
   - 60 days to file.

Note: Optional supplemental benefits such as dental, vision, and hearing are covered under the Medicare Advantage appeals process.

Resources and publications

You can request a free copy of these and other publications or view them on one of the websites listed. Centers for Medicare and Medicaid Services publication numbers are in parentheses.

SHIBA's five favorite CMS publications

1. *Who Pays First (02179)*
2. *Medicare Basics: A Guide for Families and Friends of People With Medicare (11034)*
3. *Choosing a Medigap Policy: A Guide for People with Medicare (02110)*
4. *Medicare Coverage of Kidney Dialysis and Transplant Services (10128)*
5. *Medicare Coverage of Diabetes and Supplies (11022)*

To order Medicare publications:

- Call 800-MEDICARE (800-633-4227)
- Website: medicare.gov/publications

Website resources

- Aging and Disability Resource Connection of Oregon (ADRC): adrcoforegon.org
- Medicare Rights Center: medicarerights.org
- Benefits Checkup: benefitscheckup.org
- Health Insurance Marketplace: healthcare.gov
- Division of Financial Regulation: dfr.oregon.gov

About SHIBA

The Senior Health Insurance Benefits Assistance (SHIBA) program is part of the Oregon Department of Consumer and Business Services (DCBS). SHIBA is part of the Administration for Community Living (ACL) State Health Insurance Assistance Program (SHIP) network; a statewide network of certified counselors who provide one-on-one assistance to people with Medicare. SHIBA's goal is to help people make better decisions about health insurance by providing confidential and objective counseling.

For help with Part D Extra Help applications, contact Oregon Medicare Savings Connect at 855-447-0155 (toll-free)

Contact the SHIBA program:

- To order free brochures
- To get free help filing claims, comparing Medicare Advantage plans, Medigap policies, and Prescription Drug Plans, or understanding long-term care insurance
- To become a SHIBA volunteer

Contact information:

- Toll-free: 800-722-4134
- Email: shiba.oregon@oregon.gov
- Website: shiba.oregon.gov

Phone numbers (all are toll-free)

Social Security (available 7 a.m. – 7 p.m.) 800-772-1213

Medicare (available 24/7 except Christmas Day) 800-633-4227

Benefits Coordination & Recovery Center 855-798-2627

Noridian (Part A & B claims).....877-908-8431

Noridian (DME claims) 877-320-0390

KEPRO (Quality Improvement Organization).....888-305-6759

Oregon Division of Financial Regulation 888-877-4894

ADRC (Aging and Disability Resource Connection) 855-673-2372

Oregon Medicare Savings Connect 855-447-0155

Oregon Health Plan..... 800-699-9075

HealthCare.gov (Federal Marketplace).....800-318-2596

Oregon Health Insurance Marketplace 855-268-3767

Railroad Retirement Board.....877-772-5772

U.S. Department of Labor 866-487-2365

PERS Health Insurance Program (PHIP)..... 800-768-7377

Long-Term Care Ombudsman.....800-522-2602

Oregon Medical Board 877-254-6263

Oregon State Bar Lawyer Referral Service 800-452-7636

Oregon Dental Association 800-452-5628

Acronyms

ABN ..... Advance Beneficiary Notice
ACA ..... Affordable Care Act
ACL..... Administration for Community Living
AEP ..... Annual enrollment period
ADRC ..... Aging and Disability Resource Connection
ALJ ..... Administrative law judge
ALS..... Amyotrophic lateral sclerosis
ANOC ..... Annual Notice of Coverage
APD ..... Aging and People with Disability
CMS ..... Centers for Medicare and Medicaid Services
COBRA..... Consolidated Omnibus Budget Reconciliation Act
DCBS ..... Department of Consumer and Business Services
DFR ..... Department of Financial Regulation
DHS..... Department of Human Services
DME ..... Durable medical equipment
DMEPOS... Durable medical equipment, prosthetics, orthotics, and supplies
DOB..... Date of birth
EFT..... Electronic funds transfer
EGHP ..... Employer group health plan
EOC..... Evidence of coverage
ESRD ..... End-stage renal disease
FEHB..... Federal Employees Health Benefits
FPL..... Federal poverty limit
GEP..... General enrollment period
GI..... Guaranteed issue
HPV ..... Human papillomavirus
HIV ..... Human immunodeficiency virus
HMO ..... Health maintenance organization
HMO-POS.. HMO with point-of-service
HSA ..... Health savings account
IEP..... Initial Eerollment period
IRE ..... Independent Review Entity
LEP..... Late enrollment penalty
LIS ..... Low Income Subsidy
LTC..... Long-term care
MA ..... Medicare Advantage
MA-OEP .... Medicare Advantage open enrollment period
MAC ..... Medicare Administrative Coordinator
MAPD ..... Medicare Advantage with Prescription Drug
MOOP ..... Maximum out-of-pocket
MSA..... Medicare Medical Savings Account
MSN ..... Medicare Summary Notice
MSP..... Medicare Savings Program
OEP..... Open enrollment period
OHP..... Oregon Health Plan
OM..... Original Medicare
OMHA..... Office of Medicare Hearings and Appeals
OPDP ..... Oregon Prescription Drug Program
OT ..... Occupational therapy
PAC ..... Preauthorized check
PACE..... Program of All-Inclusive Care
PDP ..... Prescription Drug Plan
PFFS ..... Private Fee-for-Service
PPO..... Preferred provider organization
PT ..... Physical therapy
QIC ..... Qualified Independent Contractor
QIO..... Quality Improvement Organization
QMB ..... Qualified Medicare Beneficiary
RRB..... Railroad Retirement Board
RX ..... Prescription
SEP ..... Special enrollment period
SHIBA..... Senior Health Insurance Benefit Assistance
SHIP ..... State Health Insurance Program
SLMB..... (SMB/SMF) Specified Low-income Medicare Beneficiary
SMP..... Senior Medicare Patrol
SNF ..... Skilled nursing facility
SNP ..... Special needs plan
SSA ..... Social Security Administration
SSDI ..... Social Security Disability Insurance
SSI..... Supplemental Security Income
TrOOP ..... True out-of-pocket
TTY..... Teletypewriter
VA ..... Veterans' Affairs
VSO..... Veterans Service Office

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Glossary

ABN (Advance Beneficiary Notice) – A notice given to Medicare beneficiaries indicating the cost of an item or service that Medicare may not cover.

AEP (annual enrollment period) – A period of time from Oct. 15 to Dec. 7 in which Medicare beneficiaries may join or disenroll from Part D prescription drug coverage or a Medicare Advantage plan. Changes usually become effective Jan. 1. *Also known as fall open enrollment.*

Alternative care – A variety of therapeutic or preventive health care practices, such as homeopathy, naturopathy, chiropractic, and herbal medicine, that may not follow generally accepted medical methods and may not have a scientific explanation for their effectiveness.

Annual physical exam – Not a Medicare-covered expense. A yearly examination by your physician to check your overall health status. The exam may include tests to monitor vitals such as weight, blood pressure, and cholesterol.

Areas – Also called "area factors." This is how a Medigap insurance company determines the premium rates throughout the state. Some divide the state into multiple areas (by ZIP code) and each area has a specific premium rate.

Assignment – A method of payment under Medicare Part B. The doctor agrees to accept the amount of the Medicare-approved charge as full payment.

Attained age – Insurance policies in which premiums increase based on the age of the insured.

Beneficiary – A person who is receiving payments for medical services through an insurance company.

Benefit period – The period for which benefits are payable. In Original Medicare Part A, for example, the benefit period begins on the first day of hospitalization and ends when the beneficiary has been out of the hospital or associated skilled nursing facility for 60 consecutive days.

Benefits – Covered items under an insurance plan, also referred to as coverage.

Catastrophic coverage – The highest amount of money paid out of pocket before a health plan pays the majority of or all co-payment amounts.

Chronic – Long-lasting and recurrent condition or characterized by long suffering. A chronically ill person is not expected to recover or get much better.

Claim – A request for payment of medical services under the terms of an insurance policy, usually made by either a provider or an insured person.

CMS (Centers for Medicare and Medicaid Services) – The division of the U.S. Department of Health and Human Services that administers the Medicare and Medicaid programs.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – A law that mandates an insurance program provide employees the ability to continue health insurance coverage after employment ends.

Co-insurance – A fixed percentage paid per service received or prescription filled.

Community rating – A Medigap policy rating method that assigns a single rate to all ages and classes of individuals in the group, regardless of risk factors such as age or health.

Co-payment or co-pay – A fixed dollar amount paid per service received or prescription filled.

Coverage gap – The stage in Medicare prescription drug coverage when a higher portion of drug costs are paid by the beneficiary. *Also known as the donut hole.*

Creditable coverage – Prescription drug insurance that is determined to be as good as or better than coverage through a Medicare plan.

Deductible – A dollar amount determined by an individual's insurance policy (including Medicare) that must be paid by the insured individual for covered services before Medicare or the insurance policy begins paying.

DHS (Oregon Department of Human Services) – The state agency that houses Aging and People with Disabilities and other assistance programs.

Diagnostic tests – Tests ordered by a physician to provide information that assists in making a diagnosis when symptoms are present.

Direct bill – Method of paying your insurance plan premium directly to the plan. The insurer sends either a bill or coupon book to collect payment.

Disenrollment – Cancellation of an individual's enrollment in a health plan.

Donut hole – *See coverage gap.*

DME (durable medical equipment) – Equipment that is medically necessary and prescribed by a doctor for use in the home, such as oxygen equipment, wheelchairs, and other medically necessary equipment.

DMEPOS (durable medical equipment prosthetics orthotics and supplies) – *See DME.*

Effective date – The date upon which an insurance policy is in effect and coverage begins.

EFT (electronic funds transfer) – The transfer of funds from one account to another by computer. *Also known as AFT (automatic funds transfer).*

EGHP (Employer Group Health Plan) – Health insurance or benefit plan offered through an employer.

Election period – The period during which an eligible person may join or leave Original Medicare, a Medicare Advantage plan, or a prescription drug plan.

Equitable relief – Federal employees must give adequate and accurate information. If the inadequate or inaccurate information received caused harm (benefits delayed or penalty incurred), and the client has documented the contact, then the agency must make the client whole under the equitable relief provision.

Enrollee – A person eligible and receiving benefits from an insurance plan or managed care organization. Also called member when referring to Medicare Advantage plans.

EOC (evidence of coverage) – The insurance plan document that gives details about what the plan covers, how much you pay, and more. *Also known as a Certificate of Benefits.*

ESRD (end-stage renal disease) – A medical condition in which a person's kidneys no longer function, requiring dialysis or a kidney transplant to maintain life.

Excess charge – The difference between the Medicare-approved amount and the limiting charge, which cannot exceed 15 percent more than the Medicare-approved amount. *Also known as a limiting charge.*

Extra Help – A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and co-insurance. *Also known as LIS.*

Fall open enrollment period – Another name for annual enrollment period (Oct. 15 to Dec. 7). *See AEP.*

Fee for service – Original Medicare is a fee-for-service system of payment for health care providers. An amount is billed for each medical service provided (office visits, tests, or procedures) as the provider deems is medically necessary for the beneficiary.

Formulary – A list of prescription drugs covered by an insurance plan.

GEP (general enrollment period) – The period from Jan. 1 through March 31 of each year during which people can enroll in Medicare Part A or Part B, if they did not do so when they were first eligible. They can also re-enroll if they suspended their Part A or Part B benefits. Coverage takes effect July 1.

GI (guaranteed issue) – Rights you have in situations when the law requires insurance companies to sell you a Medigap policy. In these situations, an insurance company cannot deny you a policy for pre-existing conditions, and cannot charge you more for a policy because of past or present health conditions.

HMO (health maintenance organization) – A Medicare Advantage plan in which a member must receive care provided through the plan's network of providers. The member may have to get referrals for specialists through a primary care physician.

IEP (initial enrollment period) – A seven-month period of time that surrounds a Medicare beneficiary's 65th birthday (qualifying month); three months before, the month of, and three months after.

Inpatient care – Care given an admitted patient while in a hospital, nursing home, or other medical or post acute institution.

Institutional care – Care provided in a hospital, skilled or intermediate nursing home, or other state facility certified or licensed by the state primarily affording diagnostic, preventive,

therapeutic, rehabilitative, maintenance, or personal care services.

Issue age – Insurance policies whose premiums are based on your age when purchased. Premiums will not increase due to an increase in age; however, premiums may increase for other reasons.

Late enrollment penalty – An amount added to your monthly premium for Medicare Part B or Part D if beneficiaries do not join when they are first eligible. The penalty remains in place as long as the beneficiary has Medicare, with a few exceptions.

Lifetime reserve days – The beneficiary is entitled to 60 additional reserve days after Medicare provides 90 days of benefits for hospitalization. These days are not renewable.

Limiting charge – *See excess charge.*

LIS (Low or Limited Income Subsidy) – The LIS program is operated by the Social Security Administration and provides Extra Help with prescription drug costs for individuals who meet the income and asset requirements. *See Extra Help.*

Lookback – *See waiting period.*

LTC (long-term care) – A general term that includes a wide range of services that address the health, medical, personal, and social needs of people with chronic or prolonged illnesses, disabilities, and cognitive disorders (such as Alzheimer's). The delivery of LTC services can include skilled nursing care in a nursing home, in-home health and personal care, assisted living, adult day care facilities, and other options. Medicare does not cover LTC.

MA (Medicare Advantage) – Medicare Advantage plans offer your Medicare benefits through private companies that manage your care. Medicare pays the companies a set amount per person, plus you pay a share of the costs through co-pays, co-insurance, deductibles, and premiums. *Also known as managed care, Part C or Medicare+Choice.*

MA-OEP (Medicare Advantage open enrollment period) – From Jan. 1 through March 31 annually and allows individuals enrolled in an MA plan, including newly MA-eligible individuals, to make a one-time election to go to another MA plan or Original Medicare.

MAPD (Medicare Advantage with Prescription Drug coverage) – Medicare Advantage plan that includes a Part D plan.

Medicaid – A federal-state partnership designed to ensure that America's aged, sick, and impoverished are cared for. This program is a safety net that provides aid in the form of medical services to low-income people who fall below the state-established poverty line. There are strict income and asset guidelines used to qualify people for Medicaid. Administered in Oregon by DHS. *Also known as Medicare Savings Program, MA (Medical Assistance), or Title 19 (XIX).*

Medically necessary – Services or supplies needed for the diagnosis or treatment of a medical condition and that meet accepted standards of medical practice. *Also known as reasonable and necessary.*

Medigap – An insurance policy sold by private companies that can help pay some of the health care costs after Original Medicare pays its portion, such as co-payments, co-insurance, and deductibles. Benefit packages are standardized and plans are named by alphabet letters A-N. Plans with a given letter (for example, F) offer identical coverage, although companies' premiums may differ.

MOOP (maximum out of pocket) – The maximum amount of money for medical cost share of deductible, co-pay, and co-insurance the MA plan member would have to pay in a calendar year.

MSA (Medicare medical savings account) – Similar to an HSA (health savings account), combines a high-deductible plan with a savings account to be used for medical costs. Not available in Oregon at this time.

MSP (Medicare Savings Program) – A federal-state partnership program that provides financial assistance to Medicare beneficiaries with the out-of-pocket costs associated with Medicare.

Original Medicare (OM) – Part A and Part B of Medicare.

PAC (preauthorized check) – Checks that are authorized by a payer in advance.

PDP (Prescription Drug Plan) – Prescription drug coverage that adds to Original Medicare. It can be a stand-alone plan or a part of a Medicare Advantage plan. Also known as Part D.

POS (point of service) – An option that is available with some HMO plans that allows the beneficiary to use doctors and hospitals outside the plan for an additional cost.

PPO (preferred provider organization) – A type of Medicare Advantage plan in which the beneficiaries pay less if they use doctors, hospitals, and providers that belong to the network. If they use doctors, hospitals, and providers outside of the network, there could be higher cost to the beneficiary.

Pre-existing condition – A medical condition diagnosed, treated, or needing treatment before the purchase of an insurance policy.

Preferred drug list – *See formulary.*

Preferred pharmacy – A pharmacy that has negotiated with a specific insurance plan to provide lower cost-sharing on covered prescription drugs. Certain out-of-pocket costs may be lower for covered drugs.

Premium – The monthly charge for insurance plans.

Prescription drug – A drug that must have a health care provider's written order (prescription) in order to be dispensed.

Preventive (preventative) care – Health care that is intended to keep people from becoming ill (e.g., checkups, mammograms, immunizations, and screening tests).

Prior authorization – Prior approval is required from the insurance plan before the prescription can be filled. If a drug has a prior authorization, you need to work with the plan and the prescribing doctor to obtain approval before the pharmacy can dispense that medication under your plan's coverage benefit. Go to the plan's website to identify the specific requirements and forms needed.

Provider – The doctor, hospital, home health agency, hospice, nursing facility, or therapist that delivers health services.

QIC (Qualified Independent Contractor) – An independent entity with which Medicare contracts to handle the reconsideration level of an Original Medicare (Part A or Part B) appeal

QMB (Qualified Medicare Beneficiary) – A federal-state partnership Medicare Savings Program (MSP) that provides financial help with paying the Medicare Part B premium as well as Medicare Parts A and B deductibles and co-insurances. Eligibility is determined by local Aging and People with Disabilities offices based on income and assets.

Quantity limits – For safety and cost reasons, plans may limit the quantity of covered drugs over a certain period of time. If the drug has a quantity limit restriction, contact the plan for more details. If you take one pill per day and the drug has a 30-day/month quantity limit, the impact will be minimal (i.e., you may not be able to refill the prescription until a few days before running out of pills). If you currently take two pills per day and the quantity limit is 30 pills per month, you need to work with the plan to get authorization for the higher quantity.

Referral – A written order from your primary care doctor to see a specialist or get certain medical services. In many HMOs, the beneficiary needs to get a referral before he or she can get medical care from anyone except the primary care physician. If a referral is not obtained before the visit, the claim may not be paid for the services.

Reserve days – *See lifetime reserve days.*

Restrictions – Limitations placed on access to drugs on Medicare Part D plans**.** The three restrictions are prior authorization, step therapy, and quantity limits.

Rx – An abbreviation for prescription.

Screening tests – Tests used to try to detect a disease when there is little or no evidence of a suspected disease.

SEP (special enrollment period) – A period of time that provides an opportunity to join or leave a plan outside regular enrollment periods.

Service area – The specified geographic area that an insurance plan has agreed to cover.

SHIBA (Senior Health Insurance Benefits Assistance) – A program that uses a statewide network of certified counselors who educate, assist, and advocate for Medicare beneficiaries about their rights and options regarding health insurance so they can make informed choices.

SHIP (State Health Insurance Assistance Program) – A nationwide state-based program that offers local one-on-one counseling and assistance to people with Medicare and their families. Through ACL (Association for Community Living)-funded grants directed to states, SHIPs provide free counseling and

assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. SHIBA is Oregon's SHIP.

Skilled care – Care for an illness or injury that requires the training and skills of a licensed professional, by physician prescription, and is medically necessary for the condition or illness of the patient.

SMB/SMF (Specified Low-Income Beneficiary) – A federal-state partnership Medicare Savings Program (MSP) that provides financial assistance with paying the Medicare Part B premium. Eligibility is determined by local Aging and People with Disabilities offices based on income and assets.

SMP (Senior Medicare Patrol) – A national volunteer network dedicated to informing seniors about health care fraud, error and abuse, and resolving complaints.

SNF (skilled nursing facility) – A facility at which medically necessary (prescribed) care is provided by licensed health care professionals.

SNP (special needs plan) – Private insurance plans that provide Medicare benefits, including drug coverage, to people eligible for Medicare and Medicaid, those living in certain long-term care facilities, and those with severe chronic or disabling conditions who may qualify to join.

Specialist – The physician who provides expertise and care in a particular area (e.g., surgeon, oncologist, dermatologist, and allergist).

SSI (Supplemental Security Income) – Monthly amount paid by Social Security to people with limited income and resources who have disabilities, are blind, or age 65 or older with little or no income to meet basic needs for food, clothing, and shelter.

SSA (Social Security Administration) – A government agency responsible for the Social Security system.

SSDI (Social Security Disability Insurance) – Determined by Social Security, a monthly benefit for eligible people who are unable to work for a year or more due to a disability.

Stand-alone drug plan – *See PDP.*

Supplement insurance – Private health insurance designed to pay secondary after Medicare. *Also known as Medigap.*

Suppressed – Medicare Advantage and stand-alone prescription drug plans that do not appear on the Medicare Plan Finder until issues or corrections are reviewed by Medicare.

Step therapy – In some cases, plans require you to first try one drug to treat your medical condition before they will cover a more expensive drug for that condition. For example, if Drug A and Drug B both treat your medical condition, a plan may require your doctor to prescribe Drug A first.
If Drug A does not work for you, then the plan will cover Drug B. If a drug has step therapy restrictions, you need to work with the plan and your doctor to obtain an exception.

Tier – Pricing levels associated with prescription drug plans. Each drug is assigned a tier level depending on the type and cost of the drug. The lowest co-payment is for generics, followed by formulary brands.

Total drug costs – The total retail value for prescription medicines. It includes what the beneficiary pays and also what the drug plan pays.

TROOP (true out-of-pocket) costs – The total amount a beneficiary pays out-of-pocket plus 50 percent of brand-name drugs in a Part D plan.

TRICARE – A health insurance program offered by the Department of Defense to active duty military personnel.

TRICARE For Life – A health insurance program offered by the Department of Defense to retired military personnel.

TTY (teletypewriter) – Telecommunications relay service that provides voice telephone access to people who use TTYs. Specially trained relay agents complete calls and stay online to relay messages by TTY and verbally to hearing parties. This service is available 24 hours a day with no restrictions to the length or number of calls placed. *Also known as TDD (telecommunications for the deaf).*

Underwriting – The process by which an insurer determines whether or not, and on what basis, it will accept an application for insurance.

Waiting period – The amount of time that must pass before benefits are paid or before pre-existing conditions or specific illnesses are covered by a health insurance policy.

Notes

Notes

Notes

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440-2111 (10/20/COM)