

2020 Medicare Advantage (MAPD) Plan Comparison - HMOs (Benton County)

HMO Plans	AARP Medicare Advantage UnitedHealthcare		Samaritan Advantage		Health Net	Providence Health	Kaiser	
Plan name ->	Plan 1	Plan 2	Premier	Premier Plus	Ruby	Medicare Enrich	Senior Advantage Basic	Senior Advantage
Plan type; 2020 star rating	HMO ****1/2		HMO ****		HMO ****1/2	HMO ****1/2	HMO ****1/2	
Monthly premium	\$55	\$0	\$55	\$129	\$0	\$148	\$44	\$127
Annual medical deductible	None		None		None	None	None	
Out of pocket max (excludes Rx, premiums)	\$2900	\$4100	\$3750		\$4600	\$5000	\$4900	\$2500
Primary care office visit	\$0		\$5		\$10	\$15	\$20	\$10
Referral for specialist?	Yes		No		No, if in network	Yes	Yes	
Specialist office visit	\$30	\$40	\$30		\$50	\$40	\$35	\$25
Mental health outpatient	\$30 group/\$40 individual session		\$30 group or individual		\$40 group or individual session	\$40	\$10 group or \$20 individual session	\$5 group or \$10 individual session
Doctor/hospital choice	Corvallis Clinic, Samaritan Health, Peace Health		Samaritan Health Groups Corvallis Clinic Providers between Eugene and Portland		Not Corvallis Clinic or Corvallis Family Medicine State network	Network includes Samaritan and Corvallis Clinic	Limited to Kaiser facilities in Salem, Portland, Eugene	
OHSU?	Yes		Yes		No	No	No	
Hospital in-patient	\$195 (days 1-7)	\$400 (days 1-4)	\$300 (days 1-6)		\$370 (days 1-5)	\$350 (days 1-5)	\$265 (days 1-6)	\$200 (days 1-6)
Out-patient surgery Ambulatory surgery center	\$0 to \$175	\$0 to \$325	\$200	15%	\$375 \$300	\$275	\$210	\$125
Skilled nursing (SNF)	\$0 (days 1-20) \$160 (21-39) \$0 (days 40-100)	\$0 (days 1-20) \$160 (21-46) \$0 (days 47-100)	\$0 (days 1-20) \$160 (days 21-60) \$0 (days 61-120)		\$0 (days 1-20) \$170 (days 21-60)	\$0 (days 1-20) \$160 (days 21-100)	\$0 (days 1-20) \$50 (days 21-100)	\$0 (days 1-100)
Labs/xrays	\$5/\$14		\$0/\$14	\$0/\$20	0/\$10	\$0/\$15	\$0/\$10	\$0/\$10
Scans, imaging, radiology	\$0 - \$110		20% coinsurance		20% coinsurance	20% coinsurance	\$210	\$100
Urgent care	\$40		\$35		\$25	\$50	\$35	\$25
Ambulance/ER	\$250/\$90		\$250/\$90		\$350/\$90	\$235/\$90	\$200/\$90	\$150/\$120
Rx deductible	\$0 for generics \$195 for brands		\$200 for brands	\$0	\$0 for generics \$125 for brands	\$0 for generics \$260 for brands	\$0	
Preferred generic/brand (Tiers 1 and 3)	\$3/\$47 \$0 copay for generics by mail		up to \$3/up to \$47		\$3/\$37	\$1/\$47	\$5/\$45	
Premium change from 2019	Same	Same	\$45 less	Same	Same	\$1 more	Same	Same
Considerations	\$0 for primary care Plan 1 low out-of-pocket max Virtual visits; \$0 medical; \$40 mental health Very flexible enrollment for dental benefit Alternative medical benefits		45% lower Premier plan premium Lower inpatient mental health cost Extra benefits all included with premium Alternative medical benefits		No contract with Corvallis Clinic or OHSU Part B drugs slightly lower Virtual Teledoc; \$0 copay No alternative medical	Highest HMO premium and out-of-pocket max Covers both Samaritan and Corvallis Clinic	No medical care or Rx available locally Lowest mental health costs \$0 deductible for Rx Lowest SNF co-pays	
This information is subject to change. Contact the specific plans for the most current and detailed information.								

2020 Medicare Advantage (MAPD) Plan Comparison - HMOs Extra Benefits (Benton County)

HMO Plans	AARP Medicare Advantage UnitedHealthcare		Samaritan Advantage		Health Net	Providence Health Assurance	Kaiser		
Plan name ->	Plan 1 (\$55)	Plan 2 (\$0)	Premier (\$55)	Premier Plus (\$129)	Ruby (\$0)	Medicare Enrich (\$148)	Senior Advantage Basic (\$44)	Senior Advantage (\$127)	
Dental benefits	Routine exam and cleanings: 2/year Periodontal care 3/year		Not covered	\$25 copay for routine exam and cleaning 2/year \$0 copay: xray 1/year	Basic dental rider \$19/mo (\$228/year) \$35 deductible \$0/20%*copay for routine care 2/year; Max benefit: \$500	Supplement choice: \$33.70/month (\$404/year) \$1000 annual max or \$46.50/month (\$558/year) \$1500 annual max (See plan for details) \$250 lifetime denture benefit	Advantage Plus:\$44 per month (\$528/month): \$50 deductible; \$1250 max/year; Preventive care 2/year; 50% coinsurance for major dental after deductible		
	Rider premium: \$38/month (with flexible enrollment) Max coverage \$1000/year 50% coinsurance for major dental			\$1000/year dental benefit for any routine or comprehensive care	Complete dental rider: \$39/month (\$468/year) \$1000 max benefit Preventive: \$0 copay Comprehensive: \$20%-50%				
Vision benefits	Routine exam: 1/year; \$0 copay:		Routine exam: 1/year; \$0 copay	Routine exam: 1/year; \$30 copay	Routine exam: 1/year; \$10 copay	\$75 allowance for 1 routine exam/year	Routine exam: \$35 copay	Routine exam: \$25 copay	
	Eyewear: \$100 credit/2 years		Eyewear: \$125 allowance/year		Eyewear: \$250 allowance every 2 years	\$250/year eyewear allowance	With supplement: \$175 eyewear/2 years		
Hearing benefits	\$0 copay for 1 routine exam/year		\$10 copay for 1 routine exam/year		Routine exam: \$0 copay	Routine exam 1/year; \$45 copay	Routine exam: \$35 copay	Routine exam: \$25 copay	
	2 aids/2 years: \$375-\$2075 copay per aid		Not covered	\$500 hearing aid benefit/year	\$0 to \$1580 copay per aid	2 hearing aids/year \$699 or \$999 copay TruHearing provider only	With supplement: \$500 allowance for one aid/ear every 3 years		
Alternative medicine	Acupuncture or chiropractic: combined 18 visits/year unlimited naturopathy (\$10 copay for any)	Not covered	5 chiropractic visits/year \$25 copay 30 acupuncture visits/year \$20 copay		Not covered	Not covered	Not covered		
Other benefits	Renew Active gym membership; Home Health Care \$0 copay		Not covered	SamFit membership \$0 copay	Silver and Fit \$0 copay	Silver and Fit \$0 copay	Not covered	Silver and Fit \$0 copay	
	\$50 per quarter for over-the-counter supplies with Walmart gift card	Not covered							
Travel	Emergency care worldwide \$90 copay		Emergency care worldwide: \$90 copay Urgent care (in US only): \$35 copay		Emergency/urgent care worldwide; \$0 copay; \$50,000 max/yr	Emergency/urgent care worldwide; \$90/\$50 copay \$50,000 max/year	Same as in US	Same as in US	
Contact Information	(800) 950-9355 or (541) 286-6443 aarpmedicareplans.com		(541) 768-4550 medicare.samhealthplans.org		(800) 949-6192 or.healthnetadvantage.com	(503) 574-5551 providencehealthplan.com	(866) 973-4584 kp.org/medicare		
Always check with plan to verify extra benefit detail.					Shaded areas = rider or supplement required * = out-of-network provider				

2020 Medicare Advantage (MAPD) Plan Comparison - PPOs (Benton County)

PPO Plans	Regence Blue Cross/Blue Shield			Moda	Health Net	
Plan name ->	MedAdvantage Classic	MedAdvantage Enhanced	MedAdvantage Primary	Advantage NW PPORx	Violet 1	Violet 2
Plan type; 2020 star rating	PPO ****1/2			PPO ***1/2	PPO****1/2	
Monthly premium	\$75	\$194	\$15	\$104	\$120	\$24
Annual medical deductible	\$0			\$0	\$145	\$195
Out of pocket max (excludes premiums and Rx)	\$6000/\$10,000*	\$5000/\$8300*	\$6700/\$10,000*	\$6700/\$9500*	\$2900/\$4000*	\$5100/\$6600*
Primary care office visit	\$10/50%*	\$5/50%*	\$15/50%*	\$15/50%*	\$12/\$20*	\$15/\$30*
Referral for specialist?	No			No	No	
Specialist office visit	\$40/50%*	\$25/50%*	\$45/50%*	\$35/50%*	\$25/\$40*	\$30/\$50*
Mental health outpatient	\$40/50%*	\$25/50%*	\$40/50%*	\$35	\$25/\$40*	\$30/\$50*
Doctor/hospital choice	Statewide network; BC/BS providers in other states			Statewide network; not Corvallis Family Medicine	Not Corvallis Clinic or Corvallis Family Medicine	
OHSU?	Yes			Yes	No	
Hospital inpatient	\$395 (days 1-4) 50%* (days 1-90)	\$315 (days 1-5) 50%* (days 1-90)	\$400 (days 1-4) 50%* (days 1-90)	\$350/50%* (days 1-5)	\$225/\$250* (days 1-7)	\$325 (days 1-4) \$450* (days 1-10)
Out-patient surgery Ambulatory surgery center	\$300/50%* \$275/50%*	\$275/50%* \$225/50%*	\$350/50%* \$300/50%*	\$325/50%*	\$225/\$250* \$200/\$225*	\$300/\$425* \$250/\$375*
Skilled nursing (SNF)	\$0 (days 1-20); \$160 (days 21-100) 50%* (days 1-100)		\$0 (days 1-20) \$167 (days 21-100) 50%* (days 1-100)	\$0 (days 1-20) \$165 (days 21-100) 15%* (days 1-100)	\$0 (days 1-20) \$170/\$220* (days 21-100)	
Labs/xrays	lab: \$10/50%* xray: \$10/50%*	lab: \$0/50%* xray: \$0/50%*	lab: \$20/50%* xray: \$20/50%*	lab: \$15/50%* xray: \$15/50%*	lab: \$12/20* xray: \$12/\$20*	lab: \$15/\$25* xray: \$20/\$25*
Scans/imaging/radiology	20%/50%*	20%/50%*	20%/50%*	\$15-\$295/50%	17%/19%*	18%/30%*
Urgent care	\$40	\$25	\$45	\$40	\$35/\$35*	
Ambulance/ER	\$275/\$90	\$250/\$90	\$275/\$90	\$300/\$90	\$295/\$120	\$325/\$90
Rx deductible	\$250 (\$0 for generics)	\$0	\$300 (\$0 for generics)	\$275 (\$0 for generics)	\$95 (\$0-generics)	\$150 (\$0-generics)
Rx Preferred generic/brand (Tiers 1/3)	\$3-\$40**/\$10-\$47**	\$3-\$40**/\$10-\$47**	\$3-\$40**/\$10-\$47**	\$5/\$47	\$5-\$10**/\$37-\$47**	
Premium change from 2019	\$1 less	\$1 less	\$4 less	\$28 less	Same	Same
Considerations	Reciprocity in 39 states for in-network rates 50% coinsurance for all out-of-network care Non-profit with customer service in Oregon Meal delivery post-hospitalization			Lower premium but higher out-of-pocket max 50% coinsurance for all out-of-network care \$500 dental benefit with any provider	No contract with Corvallis Clinic or OHSU Part B drugs slightly lower coinsurance Virtual Teledoc with \$0 copay	

* out of network; **non-preferred pharmacy

2020 Medicare Advantage (MAPD) Plan Comparison - PPOs Extra Benefits (Benton County)

PPO Plans	Regence Blue Cross/Blue Shield			Moda	Health Net	
Plan name -> (Premium)	MedAdvantage Classic (\$75)	MedAdvantage Enhanced (\$194)	MedAdvantage Primary (\$15)	Moda Advantage NW PPORx (\$104)	Violet 1 (\$120)	Violet 2 (\$24)
Dental benefits	Routine exam and cleaning: 2/year; \$0/50%* copay		Rider (includes dental and vision) \$20/month (\$240/year) Routine care: \$0/50%* copay	\$500 dental benefit preventive and/or comprehensive in or out of network	Preventive rider: \$19/month (\$228/year) \$35 deductible; \$500 max/year \$0/20%* copay	
	Dental Rider \$25/month (\$300/year); 50% coinsurance \$1000 max/year	50% coinsurance; \$1000 max/year	Additional dental not covered		Comprehensive rider: \$39/month (\$468/year) \$0 deductible; \$1000 max/year \$0-50% copay in/out of network	
Vision benefits	Routine exam and lenses 1/year \$0 (VSP providers)/50%* copay		With rider: Routine exam and lenses 1/year \$0/50%* copay	Routine exam 1/year (no copay with VSP)	Routine exam: 1/year \$10/\$10* copay	
	Eyewear: \$100 allowance/year	Eyewear: \$150 allowance/year	With rider: Eyewear: \$100 allowance/year	Eyewear/2 years; (no copay with VSP)	Eyewear: \$250 allowance/2 years	
Hearing benefits	Routine hearing exam: \$45/\$150* copay			Routine hearing exam: \$45 copay	Not covered	
	1 aid per ear/year \$699 or \$999 copay/aid (with TruHearing)	1 aid per ear/year; \$599 or \$899 copay/aid (with TruHearing)	1 aid per ear/year; \$699 or \$999 copay/aid (with TruHearing)	\$699-\$999/aid (TruHearing only)		
Alternative medicine	Chiropractic, acupuncture, naturopathy \$20/50%* copay; combined 18 visits/year Massage therapy \$20/50%* copay; 6 visits/year		Chiropractic (18 visits) Massage (6 visits) \$20/50%*	Rider \$6/month (\$72/year) Chiropractic, acupuncture, and naturopathy: 50% copay; \$500 max benefit	Chiropractic, acupuncture, and naturopathy \$15/\$15* copay 24 visits/year	
Other benefits	Silver and Fit \$0 copay		Silver and Fit \$0 copay; Over the counter \$40 gift card every 3 month	Silver and Fit \$0 copay	Silver and Fit \$0 copay	
Travel	In-network reciprocity in 39 other states with BC/BS plans; 12 month visitor/traveler benefit; Worldwide emergency and urgent care			Worldwide emergency and urgent care	Worldwide emergency and urgent care: \$0 copay \$50,000/year max	
Contact information	(888) 369-3171 regence.com/medicare			(888) 217-2375 modahealth.com	(888) 445-8913 or.healthnetadvantage.com	
Always check with plan to verify extra benefits					Shaded areas = rider or supplement required * = out of network	